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ABSTRACT

This document presents the texts of 11 major presentations and conference highlights from a February 2001 conference on the social, academic, and behavioral needs of students with challenging behavior in inclusive and alternative settings as required under the 1997 amendments to the Individuals with Disabilities Education Act. The presentations are: (1) "The Changing Scene in Service Delivery for Children and Youths with Challenging Behavior: Where We Have Been, Where We Are, What We Need To Do Next" (Richard J. Whelan and others); (2) "The History of Federal Support and Children with Emotional Disturbance" (Renee Bradley); (3) "Addressing Challenging Behaviors among Young Children" (Donna E. McCrary); (4) "Comprehensive Programming for Elementary Students with Behavioral Disorders" (Ralph Gardner, III, and Shelli Frazier-Trotman); (5) "Programming for Middle and Secondary School-Aged Youths with Emotional or Behavioral Disorders: Strategies and Procedures for Academic and Nonacademic Instruction" (Eleanor C. Guetzloe); (6) "Job Placement and Support Considerations in Transition Programs for Adolescents with Emotional Disabilities" (Michael Bullis); (7) "Alternative Education Programs: Empowerment or Entrapment?" (Ann Fitzsimons-Lovett); (8) "Features of Model Programs for Children and Youths with Problem Behaviors" (Glen Dunlap and others); (9) "Data-Based Decision Making To Ensure Positive Outcomes for Children and Youths with Challenging Behavior" (Philip L. Gunter); (10) "Student Diversity Revisited: Is It Part of Our Academic Planning for Children and Youths with Challenging Behaviors?" (Kelli Beard Jordan and Andre J. Branch); and (11) "Strategies for Maintaining Positive Changes in Academic and Nonacademic Performance"

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(Maureen A. Conroy and Jennifer Sellers). (Individual papers contain references.) (DB)

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# Addressing the Social, Academic, and Behavioral Needs of Students with Challenging Behavior in Inclusive and Alternative Settings

## Highlights from the Forum on Comprehensive Programming for a Diverse Population of Children and Youth with Challenging Behavior: Addressing Social, Academic, and Behavioral Needs Within Inclusive and Alternative Settings

Sponsored by

Council for Children with Behavioral Disorders

Las Vegas, NV

February 9–10, 2001

Edited by

Lyndal M. Bullock
University of North Texas
Denton, Texas

Robert A. Gable
Old Dominion University
Norfolk, Virginia

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# About the Council for Children with Behavioral Disorders (CCBD)

CCBD is an international organization committed to promoting and facilitating the education and general welfare of children and youth with behavioral or emotional disorders. CCBD, whose members include educators, parents, mental health personnel, and a variety of other professionals, actively pursues quality educational services and program alternatives for persons with behavioral disorders, advocates for the needs of such children and youth, emphasizes research and professional growth as vehicles for better understanding behavioral disorders, and provides professional support for persons who are involved with and serve children and youth with behavioral disorders.

In advocating for professionals in the field of behavioral disorders, CCBD (a division of The Council for Exceptional Children) endorses the Standards for Professional Practice and Code of Ethics that was adopted by the Delegate Assembly of The Council for Exceptional Children in 1983.

## Other CCBD Products

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  This journal, published quarterly, serves as a means to exchange information and share ideas related to research, empirically tested educational innovations, and issues and concerns relevant to students with behavioral disorders. The journal is free with CCBD membership or is available to nonmembers by subscription.

- **Beyond Behavior**
  This practitioner-oriented journal is published three times annually and focuses on issues faced by direct service providers in the field. The journal is free with CCBD membership or is available to nonmembers by subscription.

- **CCBD Newsletter**
  This newsletter is designed to keep members in formed about the organization and its activities and is available to members on a quarterly basis.

### Other CCBD Products:

- Third Mini-Library Series on Emotional/Behavioral Disorders
  - *Developing Positive Behavioral Support for Students with Challenging Behaviors* by George Sugai and Timothy J. Lewis
  - *Educating Students with Emotional and Behavioral Disorders: Historical Perspective and Future Directions* by Richard J. Whelan and James M. Kauffman
  - *Historical Chronology of the Council for Children with Behavioral Disorders: 1964–1999* by Lyndal M. Bullock and Anthony L. "Tony" Menendez
  - *Perspective on Emotional/Behavioral Disorders: Assumptions and Their Implications for Education and Treatment* by C. Michael Nelson, Terrance M. Scott, and Lewis Polsgrove
  - *Psychoeducation: An Idea Whose Time Has Come* by Mary M. Wood, Larry K. Brendtro, Frank A. Fecser, and Polly Nichols
  - *A Revisitation of the Ecological Perspectives on Emotional/Behavioral Disorders: Underlying Assumptions and Implications for Education and Treatment* by Mary Lynn Cantrell, Robert P. Cantrell, Thomas G. Valore, James M. Jones, and Frank A. Fecser
  - *Safe Schools: School-Wide Discipline Practices* by Timothy J. Lewis and George Sugai

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# PREFACE

The 1997 Individuals with Disabilities Education Act (IDEA) contains a number of provisions that signal a fundamental shift in what is expected of schools that serve students with disabilities. The primary emphasis is no longer on ensuring student accessibility to a "free and appropriate public education" (FAPE) in the "least restrictive environment" (LRE); now, it is on achieving positive educational results. There are high expectations that students receive quality instruction. That instruction must stem from collaboration among general educators, special educators, and support personnel and be aligned with the general education curriculum. Because of the importance Congress has attached to educational accountability, many schools are reevaluating current practices and looking for ways to better serve students with disabilities.

The Council for Children with Behavioral Disorders (CCBD) has long recognized that many students identified as emotionally disturbed have overlapping deficits in academic achievement, self-control, critical-thinking and problem-solving skills, and social skills. With IDEA, schools now must acknowledge the reciprocal relationship between student learning and classroom behavior. School personnel can no longer respond to one set of problems and ignore the others. Faced with these challenges, schools are struggling to find ways to integrate both academic and nonacademic instruction successfully. For that reason, we sponsored an International Forum on "Comprehensive Programming for a Diverse Population of Children and Youth with Challenging Behavior: Addressing Social, Academic, and Behavioral Needs Within Inclusive and Alternative Settings." We sought to bring together representatives from federal and state agencies, parents, university researchers and teacher educators, and general and special educators to explore ways to address the diverse social, academic, and behavioral needs of students with emotional or behavioral disorders.

In this monograph, we have attempted to capture the highlights of a series of featured presentations and the discussion among over 200 persons who attended the forum. Some contributors cover programming issues that extend across elementary, middle, and secondary grade levels as well as inclusive and alternative educational settings. Others draw attention to critical areas of transition and community integration and the fact that school personnel (and others) are responsible for serving an increasingly diverse student population. We trust that you will find the content useful as you seek to deal with students with emotional or behavioral disorders.

Lyndal M. Bullock and Robert A. Gable
*Editors*

# The Changing Scene in Service Delivery for Children and Youths with Challenging Behavior: Where We Have Been, Where We Are, What We Need to Do Next

Richard J. Whelan
Ben Gant
Richard L. McDowell
Donald F. McHenry
Hewitt B. "Rusty" Clark
Bill Wagonseller

In contemplating how best to address the complex and multifaceted topic of "the changing scene in service delivery," we felt that we needed to establish a timeline that would clearly relate to where we have been and where we are now. After considerable discussion, we selected as the timeline the period spanning the implementation of federal regulations relating to special education that resulted from Public Law 93-380, the Education Amendments of 1974, and Public Law 94-142, the Education for All Handicapped Children Act of 1975. We further determined that each of us should address one of the following components in service delivery for children and youths with challenging behaviors:

1. Preparation of teachers of students with mental disorders.
2. Development of a collaborative program with the Topeka, Kansas, Public Schools, Topeka State Hospital, University of Kansas, and Kansas State University for teaching children and youths with challenging behaviors and establishing a teacher preparation program for special education teachers.
3. Examination of ways to provide a free and appropriate public education to meet the needs of all students regardless of their backgrounds (i.e., family, life experiences, race, culture, previous education, intellectual abilities, physical abilities, or emotional and behavioral well-being).
4. Outline of an alternative model for youths with behavioral disorders.
5. Examination of the wraparound process and strategies for partnering with parents and teachers.
6. Examination of what we need to do next in the development of model programs for preschool, elementary, and junior high schools to work more effectively with students with emotional or behavioral difficulties; make changes in regular and special education teacher preparation programs; establish training programs for paraprofessionals; and include parent education and training in the individualized education program (IEP).

We address these diverse issues in the sections that follow, beginning with the University of Kansas teacher preparation program, which started in 1960, and ending with an examination of what is needed next in developing model programs to meet the needs of students with emotional or behavioral problems.

## The University of Kansas Program for Preparing Teachers of Students with Mental Disorders

Richard J. Whelan

The University of Kansas program for preparing teachers of students with mental disorders had its official

beginning in 1960. That is when formal courses with the words *emotionally disturbed* (ED) in their titles first appeared in the graduate school catalog. While the program grew (largely thanks to federal grant dollars) from one doctoral-level faculty member to four—plus varying numbers of research and clinical faculty—and prepared graduate students at the master's and doctoral levels, this brief account focuses only on the teacher preparation part of the program. The teacher preparation program was founded on the overarching principles described in the following paragraphs.

### A General Education Base

A successful teacher of students with ED must have the same knowledge and skills as a successful teacher of general education students. The rationale for this principle is simple: It is based on the belief—developed from years of teaching and clinical practice—that the many needs of students with ED are best addressed by teachers who understand the needs of students in general. If one understands the general foundation of effective instruction, one can add a layer of specific, research-based interventions to that foundation and subsequently apply both layers to general education. In other words, the principle is "general to specific to general." Over the years, many program graduates have returned to the general education classroom after teaching students with ED for several years and have been recognized by educational leaders as being master teachers.

### Learning to Do—Doing to Learn

The heading says it all. From the beginning, faculty members determined that this program would not be passive in the sense of having students sit in lecture halls for a year, followed by a less-than-high-quality practicum experience. Instead, in keeping with the doing-to-learn part of the principle, the students learned to do, for example, an informal reading inventory and then did 25 to 30 practice trials to become reasonably competent with an important procedure. The students were in constant contact with students with ED and their carefully selected teachers. By the time the students completed their preparation, they could teach and therapeutically support both individual students and groups of students.

### The Group—First and Last

Do not be put off by the heading. I am aware that groups are made up of individuals and that the individual student with ED is a teacher's mission. But if teachers understand and can cope with group dynamics, using them to help individuals improve their affective and cognitive competencies, they can also be successful in teaching and otherwise helping individual students. The reverse is not often true. A highly successful tutor needs to be prepared in and truly enjoy the group process. Skills in group process are learned; they are not inborn. Program graduates become successful consultant (i.e., crisis) teachers because of their expertise in both group and individual dynamics.

### Structure, Structure, Structure

Long before applied behavior analysis (ABA) was used in school settings, the concept of structure was practiced in residential treatment centers and public schools. What is structure? Realizing the simplicity of descriptions versus the complexity of practice, I define *structure as behavior;* that is, specifying and clarifying the interactions among environmental events and behaviors and arranging these events to increase prosocial behaviors and decrease dysfunctional behaviors. Look at and listen to students; they will tell you whether you are doing it correctly or not. It is fascinating that the concept of structure is now included in the 1997 Amendments to the Individuals with Disabilities Education Act (IDEA '97) under the terminology of *Functional Behavioral Assessment* (FBA) and *Behavior Intervention Plan* (BIP). Structure is about establishing conditions for learning that foster student achievement (i.e., social, emotional, academic) and subsequently lead to a mentally healthy, balanced adjustment to both daily and long-term life. Structure is also a large enough umbrella to include concepts from a number of perspectives (e.g., intrapsychic, psychoeducational, applied behavior analysis). It is not theory bound.

### Evaluation

The essence of this concept is that the student knows best. An important aspect of structure is evaluating whether or not what teachers do makes a difference—positive or negative—to students. Thus, direct observation, recording, and display of individual and group behaviors are the essentials of measurement, and measurement provides information that teachers and students can use to evaluate a program of teaching and learning.

### Multidisciplinary Aspects of Teacher Preparation

In addition to strong instructional, clinical, and research foundations, the teacher preparation program has, from the outset, drawn on the knowledge, skills, and people associated with professional disciplines other than education and special education. The program has shared knowledge and skills with psycholo-

gists, social workers, psychiatrists, neurologists, occupational therapists, nurses, and others. The reason is not difficult to identify. When a family and student receive services from many disciplines, the probability of miscommunication is high. When a multidisciplinary team speaks with a unified voice (e.g., interventions), communication errors are reduced. The student is the beneficiary, not the victim, and this is how it ought to be.

### Replicating the Program

If I were asked to replicate this teacher preparation program today, I would start by undertaking the following efforts: First, I would line up professors from the School of Social Welfare who have professional preparation and experience in schools as social workers. Second, I would line up the best teacher educators in developmental, corrective, and remedial instruction. Third, I would line up experts in intrapsychic, psychoeducational, and applied behavior analysis models. Finally, I would insist that all faculty members have a strong commitment to program evaluation, not only as it exists within the teacher preparation program, but also as it applies to what graduates accomplish as they interact with children in educational settings. These three groups exist today, and there is nothing to preclude organizing them into a strong teacher preparation cluster of inquiry and practice.

The question arises as to what type of professional this strong group of teacher educators would prepare. The response is in the diversity of the professionals who design and implement the program curricula. It might take 2 years to prepare a person who can be effective in understanding prevention and intervention, but the time would be worth it. The teacher preparation program needs to focus on didactic experiences in classrooms and those associated with the knowledge and skills reflected by the faculty team members. Program graduates would be equally able to function within instructional contexts as teachers, consultants to teachers in general education, and clinicians in home and community settings. These professionals would be prepared to function as case managers who bring personnel together from other agencies to provide services to children and their family members.

The rationale for including the family and agency personnel is that schools use only one-fourth of a 24-hour day. The rest of the day is devoted to activities in the home and community. Therefore, this model would prepare professionals who understand that children, if they are to have a full chance in life, must have the services of the school and every other social agency that may influence or guide them.

Based on insights and understandings obtained from a child's performance at school, in the home, and in the community, the professional can use a variety of interventions. For example, individual counseling with the child might be an intervention strategy, or intensive individualized instruction of a corrective or remedial nature might be needed. Home visits in which the professional observes the interactions of a child with ED in the family setting might give clues for interventions that could be implemented in the home. The important aspect of this approach is that the professional can be available to step in immediately when prevention is called for or to intervene whenever a child shows signs of not progressing as expected.

### Conclusion

As I look back on a 50-year career in our ever-struggling field, I am proud of our many accomplishments. But no accomplishment exceeds my pride in our teacher preparation program. The proof of my claim is in the contributions of the many program graduates. They may be few in number, but they have made positive contributions to the lives of the many students with mental disorders. The program will live on, and it will improve every day.

## A Collaboration Program for Teaching Children and Youths with Challenging Behavior and a Teacher Preparation Program for Special Education Teachers

BEN GANT

### History of Capital City High School

In 1959, Topeka State Hospital (TSH) hired Onan Burnett as its first teacher to provide education for a small number of adolescent patients. Burnett continued as the only teacher until 1965, when the number of children and adolescents at TSH increased. During the 1965–1966 school year, Burnett was named the first principal of the school and was charged with hiring 27 school staff. Capital City High School (CCHA) was chosen as the school's name. The school building was located in an old employees' dormitory on the north end of the hospital grounds. In addition to the high school program, several staff continued to serve approximately 75 preadolescent and adolescent students in close physical proximity to the wards and cottages where the children lived.

In the 1966–1967 school year, the school staff became Unified School District (USD) 501 employees. The University of Kansas and Kansas State University,

in collaboration with USD 501 and TSH, established a teacher preparation program in special education. Many of the CCHS staff received their special education training through this program. In the 1969–1970 school year, the first students from the community began attending CCHS as community day students. With assistance from the universities and TSH, this concept was piloted as a program in preventive student psychiatry. Also during the early 1970s, the school operated a Child Development Center for children within Shawnee County who were 3 and 4 years of age.

The CCHS program was profoundly impacted when Public Law 94-142 was passed in 1975. This law expanded and better defined the rights of students with disabilities. New requirements and terminology were introduced to the field of education—*individualized education program (IEP), least restrictive environment (LRE), and "mainstreaming,"* to name a few. During this year, I became the second principal of CCHS, and the number of community day students reached approximately 50, along with more than 100 hospital students.

In the late 1970s, the state legislature halted funding for the Child Development Center, and the school was unable to continue the program. However, the legislature did approve remodeling and adding to the Slagle Activity Center at TSH. In 1982, the Karl Menninger Education and Activity Center (KMEAC) was dedicated to Dr. Karl Menninger, and the CCHS program moved to its new school for students with serious behavioral and emotional problems. The school layout included four self-contained classrooms and a departmental concept for the rest of the building. Approximately 35 additional adolescents from TSH began attending classes in the new facility, increasing the high school enrollment from approximately 60 to 95 students. Total enrollment for all of the school programs stood at approximately 165 students when Dr. Abigail Calkin became the third principal in 1982.

Between 1982 and 1988, CCHS began accepting seventh- and eighth-grade day students, and the name was changed to Capital City School (CCS). At about the same time, students from the Comprehensive Evaluation and Treatment Unit (CETU) began to attend classes at the KMEAC building. Mainstreaming day students back to their home school was a goal for CCS. This was a gradual process, and the number of classes in which a student was enrolled at the home school increased along with the student's academic and behavioral success.

In 1988–1989, Dr. Timothy Wurtz became the fourth principal of CCS, and a new intervention interval program (IIP) was developed to address a growing number of school management problems. The IIP was implemented the following year. In an isolated section of the school, it served 16 partial-day students who were considered to have severe conduct problems.

With a growing population of students exhibiting more severe behavior problems at CCS, the number of self-contained classrooms continued to increase. To address this challenge, a pilot cluster program was implemented in the 1992–1993 school year. The cluster model allowed staff more flexibility to address programming for a continuum of services, ranging from a self-contained setting to a departmental setting and, finally, to mainstreaming students back to the home school. In the 1993–1994 academic year, the cluster model was implemented throughout the school. Sixth-grade students also began attending CCS at this time.

The 1996–1997 school year was one of transition for CCS. Topeka State Hospital and CETU closed, which raised concern about the future site for CCS. In the spring of 1997, USD 501 negotiated with the State of Kansas to purchase the KMEAC, which is the facility for CSS; five smaller buildings and approximately 25 acres of land were purchased as well. A middle school cluster was added this same year to serve the younger sixth- and seventh-grade students.

The 1997–1998 school year was the first with the TSH students. Student enrollment increased significantly and included many former TSH students now living in the Topeka and Shawnee County community. Many of these students required more intensive services from CCS, as several one-to-one paraprofessionals were assigned to several students. Since the district's elementary behavioral intervention unit (BIU) was at capacity, and CCS had newly acquired space, CCS was asked to take the BIU fifth-grade students. The CCS program now served grades 5 through 12.

As you might suspect, change had become a routine expectation of the CCS staff. The 1998–1999 school year was no different, as Parkview Hospital planned to open a 16-bed Level VI facility for adolescent girls. The program, called *Passages,* was expanded during the first semester from the original 16 beds to the current 55-bed coed facility. The plan was for the Passages program to have a capacity of 72 beds by the fall of 1999. The majority of Passages students have been adjudicated delinquent and are primarily referred through the Juvenile Justice Authority. As before, major staffing and program development changes are anticipated before another school year begins.

Many challenges remain in responding to the challenges posed by comprehensive school reform and educational accountability—longstanding hallmarks of our collaborative efforts on behalf of students with emotional problems.

## Programming for a Diverse Population of Children and Youths with Challenging Behavior

RICHARD L. MCDOWELL

It is essential to keep the purpose of special education firmly in mind when we talk about the demographics of the school population. Simply put, that purpose is to provide a free and appropriate public education to meet the needs of each student, regardless of background (i.e., family, life experiences, race, culture, previous education, intellectual and physical abilities, emotional and behavioral well-being). Since the passage of Public Law 94-142 in the mid-1970s, its revision in the early 1990s as the Individuals with Disabilities Education Act (P.L. 101-476), and the Americans with Disabilities Act (P.L. 101-336), educators have been working to accomplish this task.

Our early efforts to provide for students with disabilities were well intentioned. However, the demographics of the children served reveal some disturbing facts pertaining to a segment of that population. One of the most glaring indictments is the make-up of the population served in programs for students identified as educable mentally retarded and emotionally or behaviorally disordered. Louis Bransford's book *The Six Hour Retarded Child*, published in the early 1970s, documented the overplacement of children from diverse ethnic and cultural backgrounds in classes for students with mental retardation. Being from a minority group greatly increased the likelihood that not measuring up to academic standards would result in placement in a special education class. The same was true for children from minority backgrounds who exhibited behavior that was deemed unacceptable. Acting-out behavior by a child from a minority background was more likely to result in special education referral and placement than was similar behavior by a child from the majority culture.

We would like to think that we have overcome these deficiencies in our thinking and practice. After all, we have become much more aware of cultural differences and their implications for education. Civil rights has been at the forefront of our legislation for over 35 years. Have we not instituted bilingual programs for children whose primary language is not English? Have we not been sensitized to the needs of the inner-city child? Attempts have been made to address many more issues and factors, but have we really succeeded in overcoming the biases and prejudices that created such disparity in the first place?

What most of us have been taught in our preparation programs has proved to be fairly effective for working with and helping students identified as having emotional and/or behavioral disorders. The early work of Haring and Phillips (1962); Hewett (1968); Long, Morse, and Newman (1965) provided an excellent foundation for what to do once the child was placed in the special education classroom. But remember, the problem as it relates to students from diverse cultural and ethnic groups is primarily one of misidentification, overidentification, and misplacement. If we focus on the problem as it pertains to the multicultural issue, we find that the expectations for behavior that is approved and accepted in the majority culture frequently are different from what the children from different ethnic and cultural backgrounds have learned from their families and communities. Simply being aware that there are differences is a start, but it is not enough when considering what is best for the individual child. All teachers—not just special education teachers—who work in schools with populations containing students from diverse backgrounds not only must become familiar with the characteristics of the children within that population but also require specific training in working effectively with that population.

In the past and in many areas today, educators are still quick to refer to special education a student whose behavior is different from what we expect. This is not just a special education problem; it is an education problem in general. To make it personal, we all bring our perceptions of what is approved and accepted with us into every situation we enter—even when we are sensitive and caring—when it comes to working with students. Our expectations of what is right and good color both what we see *and* how we respond to what we see. In the past, major wrongs were committed by people who were caring and well intentioned. To get a sense of what this means, all one has to do is look at the history of medicine and psychiatry, at what were considered best practices in treating individuals with mental illnesses across the ages. As one colleague put it, people with mental illnesses have been both the beneficiaries and victims of what we perceived to be best for their treatment. The same holds true for the strategies and programs we have devised for working with disruptive students and students identified has having emotional and/or behavioral disorders.

If we look outside of special education into general education and the community at large, we find that whoever the majority is at that time and place still perceives and treats ethnically and culturally different students differently than it treats those it perceives to be its own. We still do not know or have not developed the strategies necessary to be effective with every student, but we must keep in mind the purpose of special education as we work to this end. Differences are real, and certain sets of behavior are destructive both to the individual and the community. We must recognize these

differences as well as subscribe to the premise that each individual has value and worth. If we can accomplish this in our schools, we can design and implement referral and intervention plans that address the needs of both the student and the school.

When it comes to students from diverse cultural backgrounds, we must understand what these students bring with them to the education setting, as we would for any other student. Concern is for the welfare of all students; therefore, limits are necessary to protect students from other students as well as from themselves. When a decision is made to place a student in a special education program, it is essential that all criteria be met or considered, based on the behavior of the student and not on the student's ethnic or cultural background.

Another change has been in the severity of the behavior we see in children and youths today compared to what we saw 10 years ago. Today, disruptive, disturbing, and disturbed behavior is much more common in our schools. The impact of violence found in movies, video games, music videos, rap or gangster music, and on television has been profound in terms of what children and youths perceive to be normal behaviors, and this puts adults at odds with students as to what is and is not acceptable. The appearance of youth gangs and gang clothing has prompted some schools to take drastic measures to prevent the growth of violent behavior toward other students who run afoul of the gang in some manner. We cannot stereotype students because they come from the same ethnic or cultural background, as do members of given gangs. The challenge is the same as it was when we began our programs: namely, to distinguish between *disturbing* behavior and *disturbed* behavior. Indeed, the mandate from special education law is clear: Special education programs are to provide services to students who are disturbed as identified by state department of education criteria. Given the complexity of these considerations, it is safe to say that we have our hands full in attempting to focus on the individual needs of students.

## An Alternative Model for Youths with Behavioral Disorders

**Donald F. McHenry**

It is difficult to imagine that more than 25 years have passed since the implementation of federal regulations in special education, which began with the passage of Public Laws 93-380 and 94-142. As a young administrator in a large and rapidly growing school district, my assignment was to develop and implement the first mainstreaming model for the district. As with many aspects of special education, this task primarily required an attitude adjustment and a shift in teaching styles for many educators in the field, as well as a change in focus for teacher preparation programs. The continuum of service delivery options eventually became accepted and routine within the district and nation wide. New challenges, however, quickly evolved as the profession developed—teacher shortages, burgeoning changes in teacher preparation practices, special interest groups with unique agendas, increased litigation, mounting paperwork, and teacher burnout, to mention a few (McKnab, 1993).

One of the more difficult challenges that we have faced has been the accurate assessment and establishment of effective program models for students with emotional or behavioral disorders. Around the midpoint of my professional career, I moved from heading special student services to heading alternative schools and programs in our district, now the sixth largest in the nation. Nothing could have prepared me better for this role than a background in special education with an emphasis on emotional disturbance. Even a doctorate in special education administration from Kansas State University did not match the benefit of the day-to-day experience of working with troubled youths—those who have chronic behavior problems, have been incarcerated and/or expelled from school, and have dropped out of school in ever-increasing numbers. Many of these youths have been assessed numerous times for emotional problems, but have rarely qualified for special education. As they grow older, many are identified as "conduct disordered," "at risk," or simply "delinquents" (Cheney & Sampson, 1990). These youths often become the "throw-aways" of traditional schools and do not receive the individualized and more structured attention they require. In some cases, the potential litigation or procedural safeguards required under federal and state regulations become the stumbling blocks to accessing appropriate programs. The due process procedures and different standards of discipline, along with excessive district costs, have forced more conservative criteria for student qualification through state standards ("Behavior and Discipline," 1998).

The only solution to the problem may be to expand alternative programs designed to work with youths who consistently demonstrate behavioral, emotional and/or social problems that prevent their success in traditional schools. The smaller pupil–teacher ratio, smaller overall campus size, individualized programming, and increased structure found in these models can meet a growing need for alternative educational services (Quinn, Rutherford, & Osher, 1999). These settings can provide a core academic curriculum, but they can also address more relevant life skills and vocational needs of youths. Additional support services can be incorporated into the model to provide the personal attention necessary to maintain good student attendance and provide personal counseling when needed.

The advantage of alternative educational models is that many school districts have already established these programs, so that little additional expense would be required to provide more effective education. The challenge, not unlike that of the early 1970s, is to work on acceptance, attitude, and programming models that do not get bogged down in procedures and eligibility standards (Tobin & Sprague, 1999). Students who do not succeed in traditional settings must have other options available to them. The focus should still be on a general education curriculum, but we should also follow an alternative education model. Moreover, the program must be a legitimate alternative approach rather than simply a specialized approach, and an alternative approach requires a fundamental shift in teacher preparation. Finally, special faculty recruiting efforts will be necessary so that at-risk staff members are not assigned to work with at-risk youths. The alternative approach being advocated will not work for all levels of severity, but it is especially effective for youths who do not meet the eligibility standards for special education, yet are not achieving success in a traditional classroom setting. The alternative education model is best suited for youths who "march to a different drummer" and simply require a different band.

## The Wraparound Process: Strategies for Partnering with Parents and Teachers

**Hewitt B. "Rusty" Clark**

Therapists, teachers, counselors, and psychologists often express frustration over the so-called resistive parent or resistive child. We can hear ourselves saying, "If only parents would do what we've proposed and what's been written in the IEP, most of these challenging behaviors would be history!" As professionals, we have been trained to function in an expert role, prescribing just the correct behavioral or instructional "medicine." However, a growing body of evidence suggests that the best expert intervention plan is only as good as the ability of the key stakeholders (e.g., parents, teachers, aides) to implement it consistently. For that reason, program developers, researchers, and parent advocates have been exploring a paradigm shift from the expert model to a participatory model. In this model, the design of interventions is more likely to be tailored to the children; their families; their cultures; and the ecological settings of the home, school, and community in which they live (Albin, Lucyshyn, Horner, & Flannery, 1996).

One of these participatory models is known as the *wraparound process*. Simply put, the wraparound process is a strength-based, family-based team approach for creating individually tailored supports and services to meet the unique needs of children with difficulties—and the needs of their families—in two or more life domains. The process is driven by family strengths and is mediated through the guidance of a team consisting of the parents; the child; and selected relatives, friends, and providers who care about the family's well-being. A resource coordinator conducts an assessment of child and family strengths and needs and facilitates the creation and implementation of a support plan. That plan is designed to assist the child and family in achieving their goals and in improving their quality of life within the natural settings of the home, school, and community (Clark & Hienemann, 1999).

Some approaches to the wraparound process reflect some of its support features but are more focused on person-centered planning and competency development of the child, parents, teachers, and other key stakeholders than is typical of most wraparound plans. These alternative approaches of Positive Behavioral Support (PBS) (Koegel, Koegel, & Dunlap, 1996); the Transition to Independent Process (TIP) system (Clark & Davis, 2000); and Multi-Systemic Therapy (MST) (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998) continue to undergo extensive program development and research with encouraging findings (e.g., Clark & Davis, 2000; Clark, Lee, Prange, & McDonald, 1996; Clark, Unger, & Stewart, 1993; Henggeler, Rowland, Randall, et al., 1999; Kincaid, 1996; Vaughn, Dunlap, Fox, Clarke, & Bucy, 1997).

## What Do We Need to Do Next?

**Bill R. Wagonseller**

It is essential that we develop model programs for preschools, elementary schools, and middle schools to address the needs of educators and other service providers to work effectively and affectively with children and youths with emotional and/or behavioral problems. The model should be designed so that it can be replicated in rural or metropolitan school districts. To ensure highly skilled faculty, teacher preparation programs should offer the following undergraduate degree programs:

- Major degree in special education and minor in elementary education.
- Major degree in elementary education and minor in special education.
- Major degree in secondary education and minor in special education.

All three of the suggested programs should include classes in parent involvement, counseling, diversity in the school setting, and behavior management.

Once hired, teachers and other service providers should be provided inservice training to comply with the Individuals with Disabilities Education Act (IDEA) amendments of 1997 (P.L. 105-17) encompassing transitional planning for students 14 years of age and older. The benefit of this federal legislation is that students are encouraged to participate in identifying their transitional needs and be given a voice in vocational preferences, interests, and goals that include their planned course of studies.

Teacher preparation programs should make routine use of simulations to address systematically specific classroom situations that occur between special education teachers and students and regular education teachers and students, as well as situations that arise with administration personnel and parents. Previous discussion has highlighted many of these areas—group and individualized instructions, formal and informal evaluation, and functional assessment, to mention a few.

Both theory and practical application should be incorporated into instruction in ways that allow faculty to directly evaluate the student's repeated application of specific skills in "real-world" situations (e.g., field placements). Although growing shortages of personnel and resources make it a challenge, state departments of education should require paraprofessionals to complete selected certification courses before being employed to work with students with emotional or behavioral problems.

In closing, I would like to share several general observations that both mirror the thoughts of my colleagues and suggest sensible steps to improving outcomes for students with ED:

- No student should be labeled as emotionally disturbed without a formal evaluation that includes measures of intelligence, achievement, conduct, and social behavior and a medical evaluation.
- Teacher preparation programs should require that faculty who train educators to teach students identified as having ED have a minimum of 2 years' experience teaching students with ED in a public or private school setting.
- Parent education and training classes should be available to parents in accessible and acceptable settings.
- Each student's IEP should include a home/school plan that is reviewed regularly.
- School divisions should increase the school year for students with ED from the standard 9 months to 10½ months.

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# The History of Federal Support and Children with Emotional Disturbance

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> The area of the emotionally disturbed presents a serious educational problem. Very little is known about these children from an educational viewpoint. Most of the research in the past has been conducted from a psychiatric or psychological frame of reference, yet it is the educational system which is most available to cope with these children. (Moss, 1968, p. 513)

This is how James W. Moss, director of the Division of Research at the Bureau of Education for the Handicapped (BEH), articulated the rationale for including emotional disturbance (ED) among the Bureau's first seven priorities for improving the lives of children with disabilities. That was 1968. Since then, concern for students with ED has evolved as research and practical experience informs the development of federal policy and the use of federal resources. The following discussion highlights some of the most significant federal initiatives and support for improving the quality of services for students with emotional and behavioral problems.

## History of Federal Support

Throughout 19th and early 20th centuries, many children with emotional and/or behavioral problems were served in "asylums for the insane" and public school programs for "idiots" (Kauffman, 1976, p. 342). As Moss (1968) pointed out, prior to the 1960s ED and related behavioral disorders were conceived as a medical/psychological problem, not an educational problem. As a result, many children exhibiting emotional and behavioral problems were denied access to education and other services. Since then, the federal government's recognition and responsiveness to their needs has significantly improved educational opportunities for children with ED.

### Early History of Federal Involvement

As the federal government focused additional resources on improving the quality of and access to education, most visibly through the Elementary and Secondary Education Act (ESEA) of 1965, targeting funds to the problems of educating individuals with disabilities became an issue of national importance. The authorization of BEH in 1966, created through a specific provision in the ESEA, marked a turning point in the type and intensity of federal involvement in education generally and special education in particular. Since 1966, federal support has had two major thrusts—one crafting legislative support for states' development of high-quality programs and the other translating research-proven practices into effective classroom practices.

In 1975, Congress passed the landmark Education for All Handicapped Children Act (EHA), which later was reauthorized as the Individuals with Disabilities Education Act (IDEA). Federal special education law includes emotional disturbance as a disability category in Part B of IDEA and as a focus area for research and technical support to the states in Part D of IDEA.

Although it is not as well known as Parts B and C of IDEA, Part D provides support to states, districts, schools, and families to assist in developing the capacity to implement IDEA more effectively and efficiently. The Part D National Programs include research and innovation, personnel preparation, technical assistance, technology, parent training, and state improvement grants. The focus of each is on improving results for children with disabilities and their families.

### Early Researchers

Since the first federal personnel preparation grant to increase the supply of qualified teachers for students with ED, standards have been established for quality education programs for the education of children with emotional and behavioral disorders (E/BD). Historically,

IDEA Part D National Programs has supported the work of various leaders in the field of E/BD, including:

- Hill Walker's work at the University of Oregon on early intervention for young children with behavior problems, including programs such as (a) Recess, a social skills program for elementary students; (b) First Steps, a multicomponent approach that has dramatically improved young children's behavior; and (c) a screening protocol to help identify individual children who are at risk for E/BD.
- Steve Forness's work at the University of California at Los Angeles on teaching social skills to youth with behavioral disorders, conduct disorders, and learning disabilities.
- Twenty-five years of research and development for the Regional Intervention Program (RIP), originating in Tennessee with John Ora. RIP is a parent-implemented program for families with concerns about their young children's behavior. The program trains family members to work directly with their own children and has rich data supporting the effectiveness of parent partnerships.
- James M. Kauffman's work at the University of Virginia on teacher training and leadership in the fields of learning disabilities and ED.
- Michael Epstein's work at the University of Nebraska on the development of the Behavioral and Emotional Rating Scale, the Scale Assessing Emotional Disturbance, and Outcomes for Children and Youth with Behavioral and Emotional Disorders; the integration of school and community services for children with behavior problems; and home-school collaboration.

## Definition of Emotional Disturbance

The federal government has struggled to maintain a balanced definition so that students with emotional or behavioral problems that interfere with their educational progress receive appropriate services under the Individuals with Disabilities Education Act (IDEA, 1997) and/or Section 504 of the Rehabilitation Act of 1973 (*20th Annual Report to Congress*, 1998).

From the 19th through the beginning of the 20th century, and indeed into the 21st century, the definition of E/BD has been the subject of widespread debate (Forness & Kavale, 2000). Terms such as *lunacy, insanity,* and *idiocy* once were used to describe children who now are described as having emotional and/or behavioral problems (Kauffman, 1976). The debate over terms has always been a function of two related problems: prevalence and approach to intervention. How the problem is defined will affect how many children are provided with special education and related services and what educational approaches characterize those services.

The variation of definition among states illustrates the complexities of this issue. According to a 1992 report, only 11 states used the federal definition for emotional disturbance (McInerney, Kane, & Pelavin, 1992). The other states either developed a unique definition or used some variation of the federal definition. For example, conduct disorder and social maladjustment are related problems that are also included in the definition for some states, but not others.

Clearly, attitudes have improved since the 19th century, when children with emotional or behavioral problems were often denied education and freedom. While many challenges remain (see Kauffman, 1976; Forness & Kavale, 2000; *20th Annual Report,* 1998), current efforts represent a significant improvement in approaches to serving children with E/BD. Among those improvements is the fact that Congress removed the word *serious* from the previous classification of serious emotional disturbance in response to professional concern that the term stigmatizes individuals with emotional and behavioral problems. Congress also sought to focus attention on appropriate interventions and services that maximize outcome benefits for students.

## Identification of Students with Emotional Disturbance

The 1997Amendments to IDEA (IDEA '97) permit states to identify children between the ages of 3 and 9 years who have developmental delays and thus are eligible for services under IDEA. This holds true even if they would otherwise be identified as having ED. This identification enables a child to receive IDEA services without the need for a determination of a specific disability. At the same time, the federal government is investing in efforts to limit the extent to which students are identified inappropriately. These efforts stem largely from the fact that "within this statistically and diagnostically diverse population, females appear to be underrepresented, and African Americans appear to be overrepresented" (*20th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act,* 1998, p. II-46). These misidentifications persistently plague state and local efforts to serve students with emotional and behavioral needs.

For 35 years, there has been concern that there is a problem of underidentification across the entire student population—young people who face problems related to ED and behavioral disorders who do not

receive any specialized support in school. While the numbers of unidentified children may be difficult to determine, the problem appears to be severe, given our increased ability to identify these children earlier and to apply effective intervention strategies. Even though experts estimate that between 3% and 6% of school-aged children have an emotional disability (McInerney, Kane, & Pelavin, 1992), the *Second Annual Report to Congress* (1980) estimated a prevalence rate of 2% for ED. The prevalence rate has been fairly constant—just under 1%—since The Office of Special Education Programs (OSEP) began collecting these data in 1976. According to the most recent report to Congress on the Implementation of IDEA '97, only about .74% of children ages 6 to 21 received special education and related services for ED. Conservatively speaking, this figure suggests that more than a million children struggle through school without needed supports because they are not identified.

While the problem of student underidentification has long been a focus of federal attention, recent data suggests that co-occurring disabilities may explain how some students with ED are receiving special education and related services without a specific determination of having ED. That is, learning disabilities and emotional disturbance appear to co-occur. Research is not conclusive, but up to a third of students who receive services because of a specific learning disability designation may also have ED *(22nd Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2000)*. It is conceivable that evaluation teams are more inclined to record learning disability as the students' primary or exclusive disability due to the stigma associated with the ED designation. As a result of this practice, needed supports and strategies that are frequently included on individualized education programs (IEPs) for students with ED regrettably are absent from the IEPs of this population of students with disabilities under IDEA.

## Students At Risk of Emotional Disturbance

Another way that policy has been informed by research and practice is the IDEA '97 support of programs designed for early intervention for children and youths who are beginning to engage in troubling behavior. Unlike any other disability category, programs for students designated as being at risk for developing ED are eligible for IDEA funds under Part D. Through early intervention efforts, it is anticipated that many children will need fewer or less intensive support services as they get older and will be better equipped to face challenges later in school, at home, and in society at large.

## National Agenda

The Office of Special Education Programs within the Office of Special Education and Rehabilitation Services (OSERS) identified strategic targets and cross-cutting themes in the issues facing service providers for children with ED and their families. First published in 1994, the *National Agenda for Achieving Better Results for Children and Youth with Serious Emotional Disturbance* (Chesapeake Institute, 1994) articulates a vision that includes, "a reorientation and national preparedness to foster the emotional development and adjustment of children and youth with or at risk of developing serious emotional disturbance, as the critical foundation for realizing their potential at school, work, and in the community" (p. 3). This vision is addressed by focusing efforts on the following seven strategic targets that lead to improved services for students and their families:

1. Expand positive learning opportunities and results.
2. Strengthen school and community capacity.
3. Value and address diversity.
4. Collaborate with families.
5. Promote appropriate assessment.
6. Provide ongoing skill development and support.
7. Create comprehensive and collaborative systems.

These targets are reflected in IDEA. Although some stakeholders and experts may argue the broad or lasting impact of the *Agenda*, criticizing the generality of the targets, the *Agenda* did serve to bring national attention to the needs of children and youth with ED. The *Agenda* also provides a structure for organizing comprehensive service to improve the educational opportunities of children with ED.

## Students with Emotional Disturbance

The most comprehensive national data available on the progress of students with ED was collected as part of the National Longitudinal Transition Study (NLTS) conducted by OSEP between 1987 and 1993. (U.S. Department of Education, 1991). The results for students with ED were less positive than the results for other disability groups. Compared to other disability groups, these students were more likely to be placed in special schools, fail courses, be retained, and miss school. They were more likely to drop out and less likely to graduate. In addition, they were more likely to be arrested and less likely to be employed 3 to 5 years after

exiting school. Substance abuse problems also were more prevalent than for other students with disabilities. The proportion of males to females was higher than in any other disability category.

Most children initially referred to services for ED at ages 10 to 15 could have been identified prior to age 7 but struggled without special education and related services until much later. Early intervention—not just in preschool, but when first signs are evident, regardless of age—is critical for this group of students. Unfortunately, the NLTS found that children and youths with ED were identified for services later than those in any other disability area.

## Positive Behavioral Supports

The reauthorization of IDEA in 1997 resulted in some of the most substantial changes in the history of that legislation. One of the most contentious debates during reauthorization centered on issues of behavior and discipline. Although the debate continues as to whether the legislation went too far or did not go far enough, the result was a new emphasis on behavior and a realization on the federal level that programming and progress in behavior are just as important as academic planning and progress. For the first time, concepts that have a strong, rich history in behavioral research, such as positive behavioral interventions, supports, and strategies and functional behavioral assessments are included in IDEA.

In 1997, OSEP awarded a national center on positive behavioral support to provide technical assistance to states, school districts, and communities to enable them to effectively implement positive behavior supports. The Center on Positive Behavioral Interventions and Supports, co-directed by George Sugai and Rob Horner at the University of Oregon, is a collaboration of several universities, including the University of Kentucky, University of Kansas, University of Missouri, and University of South Florida. For valuable and more comprehensive information, readers are encouraged to view the Center's Web site at www.pbis.org.

OSEP's investments in school-wide approaches to behavior have proved beneficial not only to students with disabilities, but also to their peers without disabilities. This emphasis in OSEP's work has been on creating school-wide systems of behavioral supports (including what we do for all students), targeted supports for students who need additional interventions, and services for the few children who need comprehensive individualized support.

Two brief examples illustrate the benefits of a school-wide approach to behavioral supports. An inner-city elementary school in Kentucky, within 1 year of implementing a school-wide model, reduced the number of students suspended by 65% and the days suspended by 76%. Due in part to the additional time in instruction, the school's California Test of Basic Skills (CTBS) scores, in reading, language, and math improved dramatically. A middle school in Oregon maintained a more than 70% reduction in discipline referrals over a 5-year period. The school's principal described improvements in academics and improved ability of teachers and staff to recognize behavioral problems earlier and intervene more effectively. These results are being replicated in hundreds of schools; the challenge now is to extend them from these pockets of excellence to the 15,000 school districts across the country.

## Moving Forward

Future efforts to improve outcomes for all students identified as having ED will be guided by what the field has learned over the past 35 years and what subsequent research reveals. OSEP research investments have already led to the development of principles and programs that have improved behavioral outcomes not only for children and youths with ED but for all students with disabilities as well as their peers without disabilities. We still have a long way to go to improve services and outcomes for students with behavioral problems. Among current findings regarding state implementation of IDEA is the lack of behavioral goals in IEPs, a lack of functional behavioral assessments, and an overall lack of supports and services (including counseling); these and other challenges will not be overcome easily.

Improvements for this group of children will not be accomplished by education alone. Interagency commitment and involvement are crucial to achieve the results desired for children with ED. The recent *Surgeon General's Report on Children's Mental Health* (U.S. Public Health Service, 2000) highlights the importance of collaborative efforts among agencies to improve outcomes for all children. Future issues of attention may include the following: further investigation of the link between behavior and academic progress; early reading and behavioral intervention; continued work on school-wide models, mental health issues, students with internalizing behaviors, gender issues, and interventions for very young children and their families; and continued efforts to improve the quality and effectiveness of IEPs, functional behavior assessments, and positive behavioral supports.

## Conclusion

The future of federally supported research and policy development is exciting. The prospects for some of the

most vulnerable children in our society have improved dramatically. Translating research into practice continues to be an ongoing challenge. We know a great deal about how to improve the outcomes for children with ED, but often the best we know is not what is happening in many schools. Improved personnel preparation, professional development, and a renewed and strengthened public commitment are critical to ensure widespread application of the best that we know.

Effective and efficient implementation of IDEA will continue to present challenges to educators, families, and policymakers. A federal effort alone will not improve results in the improvements these children deserve. As Rob Horner observed, "At this point we have a better science than practice, a better understanding than policy and a better vision than reality" (Horner, 1994, p. 402). Current legislation provides a framework and gives us direction; however, educators, parents, and policymakers need to remain focused not just on the letter of the law but on the vision of what we know is possible. In the past 25 years no other class of children has experienced the educational improvements that children with disabilities have. We must continue our commitment to make the vision we know is possible a reality for every child.

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## Resources

U.S. Office of Special Education Programs: www.ed.gov/offices/OSERS/OSEP
To learn more about the law's specific requirements, read the federal regulations at 34 CFR§§ 300.519-300.529 and § 300.121(d).

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## Author's Note

This document was written as a companion to an address delivered at the Las Vegas CCBD Forum on February 10, 2001. Renée Bradley authored this article as a former teacher, university instructor, and individual researcher. The opinions expressed herein are hers and do not necessarily reflect the opinion of the U.S. Department of Education, Office of Special Education Programs, and no endorsement should be inferred.

# Addressing Challenging Behaviors Among Young Children

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There is ample evidence that aggression in young children is highly related to aggression and violence in adults (American Psychological Association, 1993; Coie, 1992). Aggressive acts may deny entrance into peer groups and cause social alienation in school activities and community events (Kemple, 1992; Van Acker, 1996). Children who display aggressive behaviors are unable to resolve conflict in appropriate ways and may resort to aggression to meet their goals. Left unchecked, antisocial and aggressive acts become violent behavior as the child matures, and they often lead to associations with the juvenile justice system (Leone, 1994).

According to the literature, three general factors are predictive of aggression in young children: individual characteristics, family functioning, and outside influences. First, many children who display aggressive tendencies may manifest low cognitive functioning. The low functioning level may produce deficits in social competencies that produce biases and incomplete comprehension of social situations (Duhon-Sells, 1995). Individual temperament also may indicate more hostile and aggressive relationship patterns (Hanline, 1993). Some forms of mental illness among children, such as schizophrenia and manic depression, also may be associated with aggressive behaviors (Kauffman, 1997).

Recent research on the development of the brain suggests that physical trauma before or after birth, emotional neglect, social deprivation, lack of stimulation, or abuse may cause young children to miss important emotional milestones in their development. When these key experiences do not occur, a child may manifest impulsivity, immature emotional and behavioral functions, and/or a predisposition to aggression (Shore, 1997). This body of research also indicates that poor prenatal care, such as smoking, consuming alcohol, and poor nutrition during pregnancy, may result in heightened physical activity and poor cognitive functioning, which is associated with aggressive and violent tendencies in young children (Shore, 1997).

Second, family relationships are predictors of aggression in children. Negative and hostile interactions (Kauffman, 1997), combined with poor parenting styles, often lead to low emotional cohesion in the family. Children respond with aggression as they attempt to process familial factors in their school settings. Poor family negotiating skills also serve as inadequate models for the child. Aggressive conflict resolution skills in the home become behaviors the child imitates at school (Duhon-Sells, 1995; Kauffman, 1997; Van Acker, 1996). Many times, aggressive children are the victims of aggression themselves (Van Acker, 1996).

Finally, there are community and school factors that are linked to aggressive acts among children. Factors such as aggressive friends, negative school environments, and harsh teaching styles influence children and may precipitate aggressive behaviors (DeKlyen & Odom 1989; Duhon-Sells, 1995; Katz & McClellan, 1997). Violent media programming can also be a factor in aggressive acts among children (Levin, 1998).

Other factors related to social and economic inequality may foster prejudice and injustice, both of which have been highly connected to aggressive acts in many cities in the United States. Poverty, lack of resources, and loss of hope leave some individuals with few options for improving their living conditions. Aggression is a by-product of these situations and ultimately becomes a model of socialization for young children (American Psychological Association, 1993).

## The Need for Intervention

Prompt intervention when young children begin to show aggressive behavior is paramount to achieving more socially mature responses in children (American Psychological Association, 1993). Intervention may take varying forms. Environmental strategies that address aggression and individualized plans of treatment for children are both ways to address the problem. Environmental strategies include demonstrating a positive, nurturing, and caring demeanor throughout

the school. It is especially important that teachers be models of positive socialization skills by expressing encouragement and creating nurturing contexts for children who display aggressive tendencies (Coie, 1992). Teachers should seek extra training in strategies to reduce aggression that enable them to respond promptly to the problem in a positive manner.

It is important that children be given many opportunities to relate to adults and peers who demonstrate increased options for resolving conflict and a more positive world view (Coie, 1992). Dunst (1993) has suggested that children who are given many alternatives to their ineffective behaviors will have more resources to draw upon in stress-related situations. Protective actions that keep young children away from violent and aggressive confrontations are ways to thwart immature and hostile behavior patterns (American Psychological Association, 1993).

## Creating Positive Behavioral Structures

Many young children who display aggressive behaviors may require individualized interventions. Maag (1989) has suggested that any social skills intervention must have a structured instructional model to direct the intervention process. For young children, however, this model must address developmental guidelines appropriate for their age and stage of growth. Whole-group instruction that focuses on worksheets, coloring books, or drill and practice does not reflect appropriate developmental principles (Katz & McClellan, 1997). Instead, intervention should be oriented toward integrative strategies that allow the child to experiment, practice, and process the social information that is received from interactions with other people. Interventions that reflect this orientation are practiced in a nurturing manner and they are based on problems that occur within the context of the classroom (Katz & McClellan, 1997; McEvoy & Odom, 1987).

Dramatic play experiences represent a natural situation in which to promote social competencies. Interventions can be based within the context of the sociodramatic play center to enable the child to apply a solution to a naturally occurring problem situation (McEvoy & Odom, 1987; Phelps, 1997; Wilkerson, 1990). By using familiar and realistic props that are changed often for novelty, young children may find an avenue to express their feelings in an appropriate manner. Equally significant, they will be able to practice newly acquired social skills and demonstrate emotional growth (Wilkerson, 1990).

Other methods for addressing aggression in young children focus on social skills interventions that are more direct. Teacher mediation and teacher prompting that do not require continuous praise or reminders represent a proven way to intervene in a contextually relevant manner (Katz & McClellan, 1997; McEvoy & Odom, 1987). Katz and McClellan (1997) also indicated that it is appropriate to help aggressive children understand how their behavior is perceived by peers. When a teacher explains to them how their behaviors serve to alienate children rather than engage them, aggressive children may be encouraged to utilize more positive engagement techniques with age mates.

By arranging elements of the classroom environment, teachers can foster social development for children with challenging behaviors. Cooperative play usually occurs around block activities, vehicles, sociodramatic play centers, and water play activities (McEvoy & Odom, 1987; Phelps, 1997), whereas solitary play usually occurs within activities that emphasize books, fine-motor coordination, and art (McEvoy & Odom, 1987). Many times, children who do not display mature levels of social engagement will gravitate to the solitary play activities. When children participate in these activities to the exclusion of the other activities, important social interactions do not occur. When the classroom is arranged to promote social exchange, children have more time to enhance their social development.

Martin and Brady (1991) found that certain toys, more than others, might contribute to bids for socialization. By providing classroom toys that foster socialization and cooperation, teachers can help to engage children with their peers for extended time periods. Selected toys also help to focus on socialization that is functionally based, so that the child must solve problems within the context of the naturally occurring event of play and movement.

## Planning to Intervene

### Assessing the Child's Social Topography

Assessment profiles may be used for children who display extreme socially immature behaviors. The information gained through the assessment will serve to plan a more individualized intervention plan based on the child's strengths and weaknesses. The assessment process should emphasize both functional and environmental concerns. *Function* implies that there is a purpose and practical implications of the child's behavior. Functional goals help the child to achieve personal goals within his or her normal, natural, and daily routine in the classroom, the home, and the community. These goals may be emotional, social, physical, or cognitive in nature and are intrinsic to the child (Barnett,

Ehrhardt, Stollar, & Bauer, 1994; Notari & Drinkwater, 1991).

Environmental aspects of the assessment process focus on the relationships that surround and interact with the child (Andorfer & Miltenberger, 1993). The environmental assessor examines relationships that highlight the child's perception of activities, roles, and interpersonal relationships within his or her natural context; ways these relationships interrelate; and the attitudes, practices, and convictions of the child's cultural sphere. Ecological assessment may look at any of these phenomena as it attempts to understand the relationships in the child's natural context that support intended and unintended undesirable behaviors (Barnett et al., 1994).

### Interviews

Interviews are a frequent form of assessment methodology. They may occur on an informal basis as well as in more structured ways such as a questionnaire. The interview should be conducted with the teacher, the family, the child, and others who play a role within the natural context in which the inappropriate behavior occurs. Interviews often provide much needed information concerning viewpoint, understandings, and details about the behaviors in question (Arndorfer & Miltenberger, 1993; Barnett et al., 1994; Fox & Conroy, 1995).

### General Observation

Wolery and colleagues (1994) suggested a general observational assessment of the child and the child's classroom that is multifaceted in its approach. Recommendations include collecting information about the child's interests in toys, materials, activities, and friends within the classroom. In addition, the observer should determine the degree of the child's responsiveness to adults and whether or not the child complies easily with adult requests. Wolery and colleagues (1994) also encouraged observers to analyze the child's environment outside of school by watching the child at home and in other community settings. As a result of this type of general observation, a focus can be determined for the child's overall social goal within the early childhood classroom. Individual behavioral objectives can then be written that correspond to the focus and the goal.

### Linking Objectives with Interventions

Developing objectives for the child is a process that interweaves many classroom environmental issues and needs of the child. Any objective must be based on appropriate developmental benchmarks. For children ages 3 through 5, this will always include social and communication skills (Barnett et al., 1994). Objectives should also reflect the role of the social context, such as curricular issues, as well as the tasks that teachers are required to perform apart from the child (Brown & Seklemian, 1993; Fox, 1994). Objectives should be based on strategies designed to promote a prosocial replacement of the undesirable behavior rather than a continued emphasis on the child's negative social behavior (Lewis, Heflin, & DiGangi, 1991); Wolery and colleagues (1994) recommended tying the behavioral objective to intervention strategies that are implemented within the normal classroom schedule. Routines such as low-structure activities, teacher-directed activities, transitions, and snack and mealtime are suggested conduits for planning specific interventions that focus on positive prosocial skill development (see Figure 1).

### Direct Observation

Directly observing the challenging behavior is another way to gain important information about relationships within the classroom that support the behavior (Fox, 1994; Fox & Conroy, 1995). Direct assessment involves six different components: (1) measuring the frequency and duration of the behavior; (2) analyzing events before and after the behavior; (3) developing objectives for the child; (4)) forming a hypothesis concerning the behavior, (5) manipulating facets of the environment; and (6) documenting the effects of the intervention (Arndorfer & Miltenberger, 1993).

Depending on the specific challenging behavior, teachers will need to measure its frequency and/or duration. This makes it possible to pinpoint critical classroom junctures at which the behavior increases or decreases, as well as to assess the intensity of the behavior qualitatively (i.e., mild to severe) (Feil, 1995). Teachers should focus on *antecedent events*, which occur prior to the behavior, and consequences, which occur after the behavior. When these critical events or interactions are identified, patterns can be perceived that relate to the behavior of concern.

Once antecedents and consequences are established, the teacher begins to form a hypothesis (i.e., "best guess") about the cause of the behavior. Then, by manipulating the antecedents and/or consequences, it is possible to test the hypothesis. This becomes the basis for the intervention plan. When the intervention is put in place in the classroom and a prosocial behavioral trend is established by the child, the hypothesis is deemed correct and the intervention is considered successful (Arndorfer & Miltenberger, 1993).

**Low-Structure Activities**

*Using Literacy to Promote Social Interaction*

Create a "book buddy" time with the children when they read a favorite book with a friend. As the children read the stories or engage in reading-like behavior with picture books, give them freedom to talk about the books, act out the stories, or tell the stories to each other. Children who engage in talk about their books have been noted to create new dialogue in retelling the stories and collaborate in the animated reading of the text. Book buddy time could also be used as a peer modeling procedure whereby stronger readers helped weaker readers.

(Moore, 1998)

**Teacher-Directed Classroom Activities**

*Therapeutic Story Telling*

Use therapeutic story telling to help children deal with noncompliance and emotional issues. Therapeutic stories may be created for particular children, or an existing story may be retold. Children with noncompliance issues will benefit from stories that help them see the absurdity of constantly refusing adult assistance. Children with more internalizing behaviors will be aided by stories that help them verbalize their pain.

The following are some suggestions for creating individualized stories:

- Introduce the main character(s).
- Tell about the problem.
- Talk to a wise person.
- Try out a new approach.
- Summarize the lesson.

(Cook, 2001)

**Snack and Mealtime Routines**

*Personal Photographs*

Photographs of students modeling appropriate social behaviors can be used as a visual reminder to display appropriate behaviors during the snack or mealtime. The photographs may show an individual student washing hands, talking with a friend, eating snacks properly, and so forth. Post the photographs in a prominent place to remind the children daily of the expected behavior.

- Encourage the student to strike a genuine pose for the picture that depicts the desired social goal.
- Take at least three pictures and allow the child to select the picture he or she would like to display.
- The resulting photo should be 4 inches by 6 inches.
- Mount the photo near the snack or mealtime location where the child has an unobstructed view of it.

(Lazarus, 1998)

**Transitions and Clean-up**

*Using the Bell*

- Secure a "hotel desk" or "teacher" bell that the children can ring by pressing a plunger on the top.
- Place the bell in the location to which the children are to transition.
- At the time of the transition, tell the children to go to the area and to ring the bell when they get there.
- The teacher may want to model the behavior a time or two before having the children do it.
- When it is time to transition, tell the children, "Clean up your areas, go to _____, and ring the bell."

(Woolery et al., 1994)

*Figure 1. Examples of intervention activities that can be utilized during regular classroom routines.*

## Documenting the Results

The remaining feature of an intervention plan involves documenting its effects on the child's behavior. Documentation will justify or negate the hypothesis concerning the adverse behavior. If the child demonstrates appropriate behavior after the intervention, the data will reveal its success and provide useful information for similar intervention strategies. However, if the

data collected on the intervention reveal that the behavior does not change, it is necessary to develop a new hypothesis and a new intervention strategy. The process is continued until the child's behavior meets the behavioral goal. Documentation of the intervention provides additional information about the child and helps to clarify the nature of the challenging behavior.

## Conclusion

The social development goal for young children is to establish relationships with peers and adults that will provide them with access to social and intellectual stimulation, mutual enjoyment, continued challenges, and increased learning (Katz & McClellan, 1997). Social competence allows children to carry out their personal goals, gain entrance into a peer group, and resolve conflicts with others. Young children who demonstrate social competence have fewer problems with others in the early years as well as in their adult years. Teachers can help children develop socially when they plan adequate time for social exchanges and when they help children see the connection between prosocial skills and success in their world. This can be achieved through classrooms that are designed for interaction among children and adults. Assessment that is both general and directly focused on the child, the classroom, and the child's community relationships provides needed information that can be used to provide positive behavioral interventions for young children with challenging behaviors to succeed.

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# Comprehensive Programming for Elementary Students with Behavioral Disorders

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Public schools have long been mandated to provide an appropriate education to all students. Affording students that education can pose a number of challenges, especially to teachers of young children with emotional or behavioral disorders (E/BD). Children with E/BD by definition have chronic behavior problems; frequently, they have concomitant academic deficits. In fact, children with E/BD have the poorest academic achievement record of all categories in special education (U.S. Department of Education, 1999). Most children with E/BD perform at a level significantly below their academic capabilities. These children are at increased risk to drop out of school, engage in delinquent behaviors, and later, to be incarcerated as adults.

To prevent these consequences, teachers of young children with E/BD must meet the unique social behavior needs of their students and simultaneously provide effective academic instruction. Most professionals would acknowledge that this is a daunting task, one that requires comprehensive programming that addresses the physical, educational, and social/psychological needs of a diverse student population. Understanding and making use of the interactive relationships among these areas can help educators to provide a more positive learning environment in a comprehensive fashion. Therefore, teachers should carefully and systematically establish a safe physical environment and an efficient classroom management system, employ a pedagogy that is based on research, and develop an effective behavior management plan.

## Physical Environment

Whether instruction occurs in a general classroom, a resource room, or a residential facility, the physical environment must be safe and well structured. To achieve this goal, we suggest that educators (a) arrange the classroom for easy visual supervision by the teacher and (b) assume that students are able to move from one learning experience to another with ease, without interrupting others.

## Classroom Management

The second step in creating a comprehensive positive learning environment is the creation of a classroom management system that is clear, fair, and easy to administer. The purpose of the classroom management system is to foster safety, orderliness, and cooperation among students. Good classroom management systems allow teachers to manage the behavior of students in a manner that maximizes their academic and social learning opportunities. The Premack Principle (i.e., having children do less-reinforcing activities prior to doing more-reinforcing activities) should be implemented in designing the classroom schedule. The Premack Principle calls for the teacher to have natural contingencies in place as a regular part of the daily schedule. For example, the teacher schedules reading and math before recess and art.

Another feature of an effective classroom management system is classroom rules and expectations that are few, clear, positive, and visible. Effective teachers do not leave the correct interpretation of the classroom rules to chance. Rules must be directly taught to students by means of modeling and role play, using both examples and nonexamples of rule-following behavior. The rules are posted in the classroom in a location with high visibility, so that the teacher can point to a rule when children are in violation or in compliance. Physically pointing out rules to the children makes the interaction more businesslike and less personal. Rule compliance must be praised and rewarded consistently, and transgressions must be corrected appropriately.

The consequences for rule-following behavior should be as close in time to the behavior as possible. Teachers should teach not only classroom rules, but also classroom procedures (e.g., how to use the learning center, computer, and reading area).

One tactic to teach rule following is to use a ticket lottery (Rhode, Jenson, & Reavis, 1998). A student earns a ticket each time the teacher sees him or her following a rule. The more tickets a student earns, the greater the chance the student will have to win a prize during the lottery. Initially, for young children, it might be necessary to draw names in the lottery many times during the week. However, as the rules become established in the classroom, the frequency of the lottery schedule can be thinned. When rule-following behavior becomes a part of the children's daily routine, the teacher may use the tickets to target academic behaviors. Targeting academic behaviors for reinforcement raises the value of schoolwork for the learners.

A good classroom management system promotes high rates of student academic engagement. Teachers typically assign independent seatwork to students while they instruct other students. This sometimes creates problems. The seatwork should consist of instructional activities designed to reinforce previously taught information. Even so, students might need teacher assistance in completing seatwork assignments accurately.

Teachers should have a system for students to signal for help that also allows them to continue working on other assignments until the teacher can assist them. For example, teachers can use a Styrofoam block (1" by 1" square), a pipe cleaner, and a piece of cloth to develop a signaling devise. The cloth is attached to one end of the pipe cleaner so that it resembles a flag; the opposite end of the pipe cleaner is placed in the Styrofoam block. When the student needs assistance he or she takes the flag from its resting position (i.e., laid longways across the student's desk) and stands it up so that the cloth is at its highest point. The teacher is able to see that the student needs assistance, and the student is able to continue to work on other assignments until the teacher can provide assistance. This signaling strategy reduces the amount of unproductive time and frustration students often encounter when they sit at their desks with their hands raised for long periods of time. It also prevents the need for students to get up and walk over to the teacher to gain attention.

Another signaling tactic is to have the student write his or her name on the blackboard and then return to the seat and continue to work. Students who continue to work after signaling for assistance should be praised and rewarded for their positive behavior. The objective is to keep students working, which has the twofold benefit of more opportunities to improve academic skills and easier behavior management.

Even if they use the Premack Principle, teach classroom rules and expectations, and employ a signaling system that encourages students to continue to work, teachers must be sensitive to the language they use with students who have E/BD. Language is a powerful tool that can build children up or tear them down. While it is necessary to correct children who are acting inappropriately, we must make sure that we minimize these negative interactions. When a child is off task, statements such as "Rahsaan, you need to work on that assignment" are more effective than "Rahsaan, quit wasting time" or "Rahsaan, stop playing around." Similarly, praising children who are on task can have a positive effect on students who are off task. Often, off-task students who hear other students being praised for their positive behavior will imitate the on-task behavior of their compliant peers. Nonverbal prompts and reinforcement are sometimes preferable, to help control against encouraging off-task behavior of productive students. Both verbal and nonverbal language should be used to inform children of what is expected and the belief that they can achieve the expectation.

The final pillar in effective classroom management is regular home–school communication. Responsive teachers maintain a dialogue with families to reassure parents that their child is making progress and to obtain the parents' support in achieving individualized education program (IEP) goals. Home–school communication can take numerous forms, including daily notes, weekly notes, newsletters, e-mails, telephone calls, or meetings. Regular communication builds trust and collaboration between educators and parents. Children benefit from this collaboration by having a stronger support system for school success.

## Academic Instruction

The standard most often used to measure school success is student academic achievement. However, academic instruction and social behavior are intractably intertwined (Cartledge & Milburn, 1996). The fundamentals of good teaching are as important in working with students who have E/BD as they are with students who are developing typically. Sound pedagogy is a critical component that must be addressed if we are to make serious changes in how we educate children with E/BD. Far too many children with E/BD are trapped in classrooms with poor or nonexistent instruction. Routinely, academic instruction for children with E/BD is moved from its preeminent role as the primary classroom focus to a secondary role behind behavior management.

What is the role of academic instruction for students with E/BD? This goal should be the same for students with E/BD as it is for typically developing

students. Academic instruction should provide children with E/BD with a set of skills that will prepare them to be successful and independent in society. There is a growing literature indicating that effective pedagogy has some basic characteristics. Instruction should maintain a brisk pace and promote student engagement. Furthermore, that instruction should be designed so that the students are required to make frequent responses at a high rate of accuracy. Academic instruction with these characteristics has been found to increase students' academic achievement. Some examples of instructional tactics that have these characteristics are response cards, peer tutoring, and self-correction materials.

### Response Cards

Response cards are reusable cards or signs that allow all the students in a class to respond simultaneously. There are two types of response cards: preprinted cards and write-on cards. Preprinted response cards allow students to select a response from a predetermined list of potential answers to teacher questions. Write-on response cards allow students to write one- to three-word responses on blank cards. Students erase their responses between questions (see Heward et al. [1996] for a complete discussion of response cards). Both types of response cards promote high rates of student participation, maintain high rates of accurate responding, and demonstrate improved academic achievement for learners. Moreover, students report that they like using the cards.

### Peer Tutoring

Peer tutoring is another instructional strategy that increases both student participation and academic achievement. Peer tutoring uses students as teachers on a one-to-one basis or a classwide basis. Classwide peer tutoring involves having all students participate simultaneously in tutoring dyads (see Miller, Barbetta, and Heron [1994] for a complete discussion of peer tutoring). Systematic peer tutoring instruction allows for frequent assessment and high-quality instruction. Students are taught essential components for high-quality instruction, such as how to present instructional stimuli, how to administer social praise for correct responses, how to give corrective feedback, and how to assess tutee performance. In addition to the academic benefits of this tactic, empirical data suggest that there are social benefits for both the tutors and the tutees (Osguthorpe & Scruggs, 1986).

### Self-Correction

Self-correction is a student-centered strategy that has proved effective in improving the academic performances of students. Self-correction involves students independently responding to instructional stimuli and then comparing their responses to a teacher-prepared key. Self-correction has been used to improve the academic performances of elementary school students at risk for school failure and children with disabilities (McNeish, Heron, & Okyere, 1992; Wirtz, Gardner, Weber, & Bullara, 1996). Self-correction allows students to identify their errors privately and make the appropriate corrections, and it can be used by students with a wide range of academic skills (Mercer & Mercer, 1993).

## Behavior Management

Behavior management is the final piece of the comprehensive programming puzzle. Behavior management requires the precise and systematic application of tactics to change observable behaviors. Effective behavior management plans include appropriate consequences for positive and negative behaviors along with social skills instruction.

### Group-Oriented Strategies

Group-oriented strategies allow a reinforcer to be earned or lost for the group based on the behavior of an individual in the group, a part of the group, or the whole group. Group-oriented strategies capitalize on the positive influences peers have on each other's behavior.

One easy group strategy to implement is an audiotape of preprogrammed chimes with a random variable schedule. If all of the students are engaged in the targeted behavior (e.g., working quietly, on task) when the tape chimes, they earn a point toward a group reward. Gardner and colleagues (2001) used an audiotape with chimes set on a random variable schedule of 5 minutes to successfully manage the behavior of at-risk students in an after-school program. The group would have to earn a set number of points in order to receive the reward. Either all of the children received the reward or none received the reward.

Another effective strategy for a whole class involves using a large jar and placing marks or tape on it at different levels. The teacher then places marbles or beans in the jar each time the students perform the targeted behavior (e.g., working quietly, completing assignments at 90% accuracy or better). Each time the students earn enough marbles to reach one of the markings on the jar, the group receives a reward, such as a popcorn party, extra recess, or a no-homework day.

### Individual Strategies

Despite the best efforts to develop a comprehensive classroom that is sensitive to the needs of diverse learn-

ers, some students with E/BD might need an individualized intervention. Individual strategies are designed to assist a single student in changing his or her behavior. Systematic use of timeout from positive reinforcement is one tactic to manage the behavior of a single student (Cooper, Heron, & Heward, 1987). When the student engages in a previously determined inappropriate behavior, the student is told to go to a designated area either in the room or out of the room where he or she is unable to receive reinforcement for the next 2 to 3 minutes. When the student reenters the area where reinforcement is possible, the teacher should restate the behavior expectations.

Contingency contracting is another relatively simple strategy to impact the behavior of an individual student (Cooper et al., 1987; Rhode et al., 1998). The teacher and student agree on a target behavior and frequency of that target behavior over a period of time. The student receives the designated reinforcement only if the goal is met. Contracts are used in a progressive manner to gradually increase the behavior requirements for the student to receive the reinforcer. It must be remembered that many students with E/BD will need to be directly taught the appropriate behavior and that they will benefit more by engaging in it than in their previous inappropriate behavior.

## Conclusion

Comprehensive programming for elementary school students with E/BD involves the systematic development of a safe and positive learning environment, a proactive classroom management system (including strategies for working with diverse families), empirically based academic instruction, and a solid behavior management system. While no system will totally eliminate the need for negative consequences, this type of comprehensive planning will greatly reduce their need. Students with E/BD can be successful in school if we develop high-quality educational environments that are sensitive to their unique educational and social needs.

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# Programming for Middle and Secondary School-Aged Youths with Emotional or Behavioral Disorders: Strategies and Procedures for Academic and Nonacademic Instruction

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It has been over 25 years since the passage of the Education for All Handicapped Children Act (Public Law 94-142), which mandated a "free, appropriate public education" for students with disabilities. However, the meaning of *appropriate* continues to be a subject of considerable debate. This issue becomes even more problematic when the students in question are adolescents with emotional or behavioral disorders (E/BD) especially when these students are placed in a general education school. It is not surprising that, in attempting to plan appropriate programs, school personnel often find themselves torn between the requirements of a state- or district-mandated curriculum and the diverse needs of their students.

Parents and educators agree that the secondary school curriculum should prepare students for life after high school—for transition to survival in the community and work and/or postsecondary education. That same curriculum should also address specific adolescent needs, tasks, strengths, and vulnerabilities. Moreover, for students receiving special education services, instructional strategies should be selected according to individual needs as addressed in their individualized education programs (IEPs). However, in many school districts a secondary school student with E/BD is expected to cope with the demands of the general education environment, with little attention given to individual needs and strengths. Given the limits of time and resources, what should teachers teach? What should adolescents with E/BD learn?

## The Structure of the General Education Secondary School Curriculum

As Sitlington, Clark, and Kolstoe (2000) have argued, the general secondary school curriculum is still organized along traditional lines based on departmental interests and subject matter. The current model limits the use of self-contained classes for students with disabilities and forces them to adapt to a preexisting format that does not meet their needs (Schloss, Smith, & Schloss, 2001).

Many students with disabilities enter middle and high school lacking many of the necessary skills (both academic and nonacademic) to be successful in those settings. The current emphasis on academic excellence and high-stakes competency testing has contributed further to their risk of failure. Many of these students need carefully planned accommodations and modifications if they are to meet the demands of the general education curriculum and state-wide or district-wide assessments.

## IDEA Mandates for Adolescents with Disabilities

With the enactment of the 1997 Individuals with Disabilities Act Amendments (Public Law 105-17), transition planning was required by law to be part of the

IEP. Specifically, P.L. 105-17 mandates that the following be incorporated into the IEP of every eligible student (West et al., 1999):

- Beginning at age 14, and updated annually, a statement of the transition service needs of the student under the applicable components of the IEP that focus on the student's courses of study (such as participation in advanced placement courses or a vocational/ technical education program).
- Beginning at age 16 (or younger, if determined appropriate by the IEP team), a statement of needed transition services for the student, including, when appropriate, a statement of the interagency responsibilities or any needed linkages.

IDEA further mandates that the transition program must be based on the individual student's needs, taking into account the student's preferences and interests.

## Instructional Strategies for Adolescents with E/BD

Before continuing, I should point out that the following discussion is by no means a comprehensive explanation of everything that must be taken into consideration in planning an appropriate program for youngsters with E/BD. Instead, I have attempted to highlight some of the strategies that have proven effective in both special settings and the general education setting. Finally, a basic assumption is that these and other strategies will be implemented by knowledgeable and skilled instructional staff in a positive and highly structured classroom.

All students learn better in a motivating environment—one that meets their physical, psychological, social, and educational needs. For adolescents with E/BD, the provision of a positive school environment is crucial. Whether in a general education setting or a special facility, the learning environment should be highly structured in terms of expectations, routines, rules, and schedules. A behavior management system based on applied behavior analysis should be established both on a classwide basis and according to the diverse needs of each student (e.g., individually targeted social skills, critical thinking, problem-solving skills).

The academic curriculum should provide students a variety of experiences that are related to their real lives, problems, and present and future needs. Students with E/BD need every educational experience that is available to students without disabilities, and more. For example, they need academics, social skills, critical thinking skills, computer skills, physical education, moral education, recreation, career exploration, vocational education, job exploration and job placement, and follow-up supports well into their adult lives. Students with E/BD have missed many experiences that usually occur naturally in families and communities long before children come to school. They may not have eaten in restaurants, learned to swim, or gone camping with their families. They may not have been welcomed in neighborhood recreational facilities, community organizations, or even the church. When they have been exposed to learning experiences—in the home, school, neighborhood, and community—their behavior excesses and deficits may have interfered with the learning opportunities offered to them (Guetzloe, in press).

## The Curriculum for Students with E/BD: Effective, Motivating, and Therapeutic

Educators must work to create a curriculum for students with E/BD that is more effective and more motivating than that for students without disabilities. The entire program should address each student's individual (and sometimes very basic) needs. In that way, the curriculum is also therapeutic, ameliorating the problems that originally contributed to the student's being identified as having E/BD.

### Direct Instruction

Schloss and Sedlak (1986) described direct instruction as a comprehensive set of instructional practices that include (a) evaluating the learning environment, (b) defining goals and objectives, (c) selecting and implementing teaching techniques that reflect student characteristics, and (d) applying motivating consequences. Although it is not easy to establish, this method of instruction has proven effective with all ages of students with disabilities (Schloss, Smith, & Schloss, 2001).

### Learning Strategies

In 1979, Alley and Deshler described an alternative approach to meeting the needs of adolescents with learning disabilities who were, at that time, receiving educational services in special support settings. This approach, called a *learning strategies model*, was designed to teach students specific strategies for acquiring, organizing, storing, and retrieving information, strategies that would enable them to cope with the demands of the secondary school curriculum. Since

that time, many learning strategies have been developed, tested, and reported in the literature. The University of Kansas Center for Research on Learning has organized this research into the *strategies intervention model* (Schloss, Smith, & Schloss, 2001). Over the years, Deshler, Ellis, and Lenz (1996) have developed numerous learning strategies for use in teaching secondary school subjects (e.g., reading, writing, memory and test taking, notetaking, mathematics, social skills).

### Thematic Units

One of the most positive, meaningful, and effective strategies for students with E/BD is the integrated thematic unit, in which all skill and content areas are related to a certain theme or topic. The use of units is common in the general education curriculum, especially in the content areas of science, social studies, and health. A unit approach has long been considered good practice in special education. In fact, thematic units were suggested for use with "slow learners" in 1935 (Ingram, cited in Ensminger & Dangel, 1992). Meyen (1981) devoted an entire book to the development and use of instructional units in both regular and special education (the first edition of which was published in 1972). More recently, in their popular book Ensminger and Dangel (1992) described the components of what they referred to as the *Foxfire* approach—which included the planning and implementation of integrated units—as best practice in special education.

### Careful Selection of Instructional Materials

Instructional materials should be relevant to the students' lives, related to what they know about the world from the media as well as in their neighborhoods and communities. Newspapers, current books and magazines, and pictures of real people and real places are good for this purpose. Whenever possible, classroom lecture and discussion should be enhanced with concrete, manipulable materials. Other suggestions include the following (Guetzloe, in press):

- Using suitable materials for teaching basic skills to older students—materials that are appropriate for the chronological ages of the students (e.g., newspapers, magazines, and "bites" of videos or movies).
- Choosing positive materials that show human beings and society in a favorable light. Students can be challenged to find stories with happy endings and poems, songs, and jokes that are not only funny but also suitable for sharing at school.
- Teaching social skills every day—all day. The "teachable moment," whenever it occurs, can be used to teach and reinforce needed skills. Specific skills can be selected from the many good commercial materials that are now available, or the steps of reinforced modeling (modeling, role play, feedback, and generalization training) can be used to teach any skill for which there is an immediate need.
- Selecting materials that encourage [positive] interaction (under sufficient and appropriate supervision). Students with E/BD must learn to converse with one another without put-downs, arguments, or fights. Scripts for plays (even Shakespeare) or "after-school specials" (which may be available from local television stations) are useful for this purpose.
- Providing appropriate models in the classroom, using not only real people—faculty, staff, parents, and guests—but also videos, television program excerpts, film strips, records, pictures, and written materials (listed in descending order of probable effectiveness).

## A Preventive Curriculum for Adolescents

In addition to the subjects required by the general education curriculum, adolescents with E/BD should be offered short courses (or learning modules) on a variety of topics that relate to their specific issues and concerns. These topics could be considered as a "preventive curriculum" for students without emotional problems as well as those with E/BD (Guetzloe, 1989). The following specific topics can be included in the general education curriculum in the areas of social studies, health, physical education, home economics, and language arts:

- Basic skills (for those who need developmental or remedial work).
- Learning strategies (organizational skills, mnemonics, study skills, self-questioning, and error monitoring).
- Stress reduction (time management, organizational skills, relaxation training).
- Coping skills (problem solving, decision making, self-control, assertiveness training).
- Prescriptive physical education (weight gain, weight loss, body building, exercise).
- Adolescent health problems (nutrition, hygiene, orthodontics, acne, substance abuse, sex education).

- Grooming and dress (clothing selection and care, color analysis, hair styles, cosmetics).
- Juvenile law (correctional system, courts, services, facilities).
- Marriage, family living, and child care (and related legal issues).
- Use of leisure time (hobbies, community service, cultural events, recreational activities).

The inclusion of any high-quality instruction that serves to enhance students' feelings of self-worth, security, or self-control also has the potential for preventing emotional and behavioral problems. The problems of an individual student (or an entire class) can be addressed in a positive way by using a simple "If . . . then . . ." approach in selecting curricula (Guetzloe, 1989). For instance, if a student suffers from unrealistic expectations or overprogramming, then goal setting and self-monitoring would be valuable individual program components. If peer rejection or social isolation is a problem, then instruction in assertiveness, interpersonal communication, and positive social skills is needed. Problems of stress could be addressed by teaching self-control, coping, time management, and relaxation exercises. Preparation for the future can be included in career and vocational education as well as courses in government and law, home economics, marriage and family living, and use of leisure time. Problems of student self-esteem might be addressed through instruction in art, music, dance, hygiene, cosmetology, clothing selection, weight training, and individual sports.

## Specific Strategies for Teaching Students with E/BD in the General Education Classroom

The curriculum in an inclusive setting is based on the same goals and objectives that should be met by the students without disabilities. It should follow, as closely as possible, the general education curriculum for youngsters without disabilities who are at the same grade level or chronological age. It should also provide for remediation, maintenance, and enhancement of basic academic skills. However, often there will need to be modifications in the instructional materials, instructional schedule, teaching techniques, student assignments, grading criteria, and/or physical environment to ensure the success of students with E/BD. These adaptations must be made according to the characteristics and needs of the individual student. In addition to typical learning problems encountered by every student at one time or another, students with E/BD often exhibit such characteristics as short attention span, frustration, anxiety, aggressive behavior, or withdrawal from peers, any of which will make completion of classroom assignments difficult.

### Effective Teacher Behaviors

Larrivee (1985), in a study of students with mild disabilities in regular classrooms, identified teacher behaviors that were positively related to students' academic, social, and emotional gains. Consistent with findings of research with students without disabilities, these behaviors included (a) holding high expectations for student achievement and behavior, (b) maximizing student time spent on academic tasks, (c) providing students with tasks at which they could be successful, and (d) using direct and active teaching procedures with groups.

### Guidelines for Planning Instruction in Inclusive Settings

According to Choate (1997), instruction for students with E/BD in the inclusive classroom should be highly structured, with consistent routines, stimulus/response formats, positive reinforcement, performance contracting, and procedures for charting individual progress. Each student should be involved in planning activities in which he or she will be successful. Interactive activities, which may be more difficult for students with E/BD, can be phased in gradually.

Choate (1997) has suggested the direct instruction of social skills and conflict resolution for students with E/BD and the use of bibliotherapeutic themes for lesson content. Siegel (1973) has also suggested many curriculum-related techniques for students with E/BD in the regular classroom, including (a) failure-free assignments (with no right or wrong answers); (b) limited use of timed activities; (c) short assignments; (d) concrete (manipulable) materials; (e) activities aimed at helping others; (f) games; and, (g) therapeutic activities (e.g., humor, creative writing, skits, group discussions, and role playing). Finally, Morgan and Jenson (1988) have offered the following practical guidelines for general education classroom teachers in which students with E/BD are included:

- Involving all students during group instruction (i.e., not avoiding the student with E/BD).
- Seating students with academic or behavioral problems near the center of active teaching (e. g., middle row, center of semicircle, or near the teacher).
- Giving clear directions before beginning any activity, using both visual and auditory cues, and making sure directions are clearly understood.

- Using a variety of instructional arrangements for organizing the classroom.
- Limiting independent seatwork. According to Hewett and Taylor (1980), 15 minutes is an appropriate length of time for an instructional activity; Morgan and Jenson (1988) suggested 20. An hour is too long.
- Reinforcing academic performance instead of focusing on disruptive behaviors. When academic responses are strengthened, disruptive behaviors decrease (Ayllon & Roberts, 1974).

## Conclusion

Adolescents with E/BD require a number of accommodations and modifications if they are to meet the demands of the secondary school curriculum. That holds true for both special education and general education instruction. In this brief discussion I have focused on effective strategies that can be implemented successfully across a variety of educational settings. I encourage you to look critically at these and other strategies and to persevere in the search for best practices for students with E/BD.

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# Job Placement and Support Considerations in Transition Programs for Adolescents with Emotional Disabilities

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The transition from the public schools to community and adult life roles and expectations are difficult for adolescents with emotional or behavioral disabilities E/BD. A thorough review of the literature on the community adjustment of this population is beyond both the scope and purpose of this discussion, but it is necessary to have an understanding of the difficulties and issues in preparing students for the next placement—in this case the community—if services are to be focused and as effective as possible. The following results from the National Longitudinal Transition Study (NLTS; Valdes, Williamson, & Wagner, 1990) and other, selected studies, provide an overview of the transition experiences of this specific group (DeStefano & Wagner, 1992; Marder, 1992; Wagner, 1992).

## Transition Outcomes

### Employment

In the NLTS, less than 2 years after leaving high school, 59.3% of the participants with E/BD were unemployed, and 3 to 5 years after leaving school 52.6% were unemployed. A total of 19% had lost a job in the intervening years, and 23.7% had been employed at both data collection points. Of those who were employed 3 to 5 years after high school, 12.4% were working part time and 35% were working full time; their median hourly wage was $3.35. The employment rate was the poorest exhibited among all special education disability categories.

### Education

Over half (57.8%) of the participants with E/BD were enrolled in some type of vocational education while in secondary school. A similar portion (58.6%) of the sample dropped out of school, and few enrolled in postsecondary education. Less than 2 years after leaving high school, 17% had enrolled in postsecondary programs, whereas 3 to 5 years after leaving high school, 25.6% had enrolled in some sort of educational or training program.

### Independent Living

Between 3 and 5 years after leaving school, 40.2% of the sample were living independently, and 25.6% became parents.

### Antisocial Behavior

Wagner, Newman, and Shaver (1989) noted that almost 50% of the participants with E/BD in the NLTS had been arrested while in high school. In addition, 58% were arrested at least once 3 to 5 years after leaving school (Wagner, 1991). Roughly 73% of the participants with E/BD who had dropped out of school had been arrested at least once. Furthermore, there was a 20.7% increase in arrests during the time between less than 2 years and 3 to 5 years after leaving school. In a study in Oregon and Nevada (Doren, Bullis, & Benz, 1996a), participants with E/BD were 13.30 times more likely to be arrested while in school and 16.88 times more likely to

be arrested 1 year after leaving high school compared to their peers without E/BD.

### Victimization

Doren, Bullis, and Benz (1996b) conducted one of the few investigations to look at victimization experiences of youngsters with E/BD (i.e., whether the respondents had been teased or bothered, had something stolen from them, or been hit hard or beaten up). They found that an individual who had E/BD *and* who scored in the lower half on a measure of personal and social achievement was 20.48 times more likely to experience victimization than were peers without E/BD.

### Services from Community Agencies

In the NLTS (Marder, Wechsler, & Valdes, 1993), only 5.7% of participants with E/BD received services from vocational rehabilitation as compared to 12.7% of all participants. Also, according to parental reports regarding their sons or daughters, 43.9% of participants with E/BD had a need for personal counseling, but only 27.1% received such services (Marder et al., 1993).

Taken together, these findings suggest that most adolescents with E/BD will exit school unsuccessfully, and few will enroll in postsecondary education programs. The majority will try to enter the work force, exhibiting a pattern of changing jobs and overall high unemployment. If employed, they will find entry-level positions, working less than full time and earning marginal wages. Many will be arrested, and only a small percentage will receive services from community-based social service agencies.

The other stark probability is that the transition services offered this population during the secondary grades are likely to be the last set of coordinated educational and social services they will receive. Comprehensive transition programs should consist of multiple key components such as academic instruction, social skills instruction, service coordination with community-based agencies, and competitive job placements in the community. For detailed discussions of transition programs and procedures, see Benz and Lindstrom (1996), Bullis and Cheney (1999), and Bullis and Fredericks (in press).

## Job Placement and Support

Even though competitive job placement is but one part of a comprehensive transition program, its importance and impact are critical. Vocational instruction and competitive work placements offered during high school can have a positive effect on school completion (Thornton & Zigmond, 1987, 1988; Weber, 1987), postschool work success (Bullis & Yovanoff, 2001a; Hasazi, Gordon, & Roe, 1985), and personal adjustment in community settings (Bullis & Yovanoff, 2001b; Garrett, 1985; Kazdin, 1987a, 1987b; Massimo & Shore, 1963; Shore, Massimo, & Mack, 1965). To be effective, such placements should be planned carefully and monitored closely, which suggests that these services should be provided in community settings.

### Role of the Transition Specialist

To provide effective vocational placement and support in community settings, a unique career position is necessary. In recent years there has been a growing recognition of the need to employ transition specialists within comprehensive transition programs to provide these services (Bullis, Tehan, & Clark, 2000; Clark, 1998). Transition specialists work closely with relatively small numbers of adolescents—typically 10 to 15 at a time—to help them secure employment and provide ongoing monitoring and support. In transition projects I have directed (Bullis, 1999; Bullis & Cheney, 1999; Bullis et al., 1994) transition specialists have been either certificated teachers or noncertificated aides. In my view, both groups have been effective in providing these types of services, since the primary skills necessary to be effective in competitive work placement with this population are (a) a keen awareness of competitive job placement options in the immediate locale, (b) a deep caring about the students with whom they work, and (c) the ability to organize and work in a loose structure.

This last point is particularly important to note for both staffing and administrative reasons. In order to place students in competitive work settings in the community—away from the school setting—transition specialists must have the autonomy to be in the community providing job-related services in a relatively unstructured manner. Such flexibility demands that the transition specialist be self-organized to provide these services without extensive direct supervision and outside of the school setting. This type of structure can be troubling for school administrators, but nonetheless it is crucial to the effectiveness of vocational services. The following quotation from a school administrator illustrates this inherent tension:

> The strengths (of the project) are that staff have a lot of flexibility in how they work with kids because the staff aren't tied to a classroom where they can't spring free. Staff are available to work with kids so they can do a lot of innovative interventions, get out in the community, find services for kids who have left school. That's what I see as the strength. They've been very helpful in terms

of dealing with kids whose parents are real concerned about getting services for their kids who just pretty much dropped out or refused to go to school. And it [the staffing approach] really seems to be very helpful in terms of problem solving that situation and getting things back on track. It's important for staff to serve this unserved population because this population normally would just be gone, out in the streets. That's what I've liked about the project . . . that they do things in more of an alternative education kind of way, looking at a nontraditional approach to working with these very difficult kids. The downside of it, though, is that they've been located off-site. But that's the strength of it. The strength of it is that they're not on-site. The downside is that the program is very difficult to supervise. (Bullis, 1999, p. 5)

### Job Placement

There simply is no substitute for the real-life experiences adolescents gain through placements in competitive work settings. Competitive work placements in transition programs should fulfill the following three major roles:

1. They should provide actual work production skills.
2. They should foster job-related social skills.
3. They should be structured in such a way as to allow experience across a number of different job placements, which will aid adolescents in making up their minds about their long-term vocational goals.

Most competitive jobs are located through an individual's personal contacts or through those of family members or friends (Azrin & Besalel, 1980)—that is, what many call the *self/family/friend network* (Edgar & Levine, 1987). Quite often, the transition specialist will assume this role for students with E/BD. A common mistake is thinking that a student should stay in any position that is found. Quite the contrary, research (Benz, Yovanoff, & Doren, 1997), suggests that the more different job experiences offered adolescents with disabilities while in high school, the more likely they are to be employed successfully after leaving the school setting. Moreover, some adolescents may present patterns of at-risk behaviors (e.g., fire-setting, theft) that must be considered and accommodated within the job setting if that placement is to be successful (see Nishioka, in press, for a detailed discussion of such considerations).

Job development is time consuming. It should be approached in an organized and informed manner to limit the expenditure of time and resources and to maximize placement successes. A review of our records in various transition projects indicates that, of 10 employers contacted by telephone, 2 or 3 will respond positively and be willing to talk with a staff member about the project. If a personal interview can be secured, roughly 50% of these employers have hired one of our workers. Job development in smaller businesses has proved most successful; in larger companies it is more difficult to gain access to a person with the authority to hire or create a position for a student with E/BD. The process of job development is really a sales job. The goal is to convince an employer to "buy into" the program as much as it is to convince the employer to hire a particular individual. Figure 1 presents a step-by-step process for successful job development.

### Support and Monitoring

Monitoring adolescents with E/BD in community work settings can be a daunting and challenging task. Over the years, colleagues have developed a structured phase system (Nishioka, in press) that can be used to structure and simplify this process. Figure 2 presents five phases of responsibilities and supports for integrating adolescents with E/BD into competitive job placements (Nishioka, in press). There is a developmental progression between phases that reflects level of responsibility, reward (i.e., wages), and the way in which the student is monitored and supported. Some students may spend weeks in one phase, while others may be placed in a phase for only a few days before they demonstrate suitable competence to be moved ahead. Some students may be able to be placed initially or in progress rapidly to a higher phase.

## Conclusion

The school-to-community transition process is difficult for adolescents with E/BD. Without the proper preparation and support, they may encounter unemployment, challenging living conditions, and social troubles. Competitive job placements and supports are an important and necessary part of an effective transition program. However, these services must be offered in a structured and consistent manner to promote immediate learning and better long-term job experiences. I believe that the suggestions offered here will help others to provide these types of services in an effective manner and ultimately assist adolescents with E/BD to achieve more success in their transition to the community and adult life.

- *Identify potential work sites.* Use personal contacts, check bulletin boards around local businesses, read the Yellow Pages, look for new businesses in town that are hiring, speak to local professional organizations to elicit possible placements, and regularly review the help-wanted advertisement section of the paper. Just because an employer isn't advertising does not mean that it doesn't have openings or isn't willing to create a position. This information gathering should be organized into a comprehensive and detailed filing system to facilitate locating employers, previous contacts, notes for future contacts, placement successes, and so forth.
- *Place an individual or develop a placement site.* There are no firm rules about how to place an individual. Roughly half the time transition specialists will seek a placement for a specific individual, while in the other cases, contacts are made with employers to inform them of the program and to develop a personal relationship with the program.
- *Call the work site.* The first point of contact is usually a phone call to the business. Ask to speak to the manager or owner. Refrain from stating the purpose of the call to a receptionist who could shield the individual who has the authority to hire. Once you are connected with the appropriate person, introduce and give a brief description of the program. Provide an overview of the population served and, if possible, give a *general* description of the person seeking employment (e.g., "This is an individual who has experienced some difficult times and who is working hard to turn himself around. We believe he is a good candidate for a job in a business such as yours"). Keep the conversation brief; time is money for business people. Ask to schedule a short meeting to discuss the specifics of the program, the types of supports that are provided, and the individual under consideration.
- *Take materials about the program to the meeting.* Develop a brochure describing the transition program. The brochure should (a) be short (i.e., 2 pages), (b) be printed on high-quality paper, (c) professionally designed, and (d) include statements of praise from local employers, service organizations, and local citizens, if possible. Finally, in conjunction with the student to be placed, develop a current and professional-looking résumé.
- *Be positive and honest.* Tell the employer about other jobs held by program participants. Emphasize successes in similar job placements, and use the names of current or previous employers (secure their permission first). Include in the discussion the fact that appropriate on-site support will be offered to both the worker and the employer to resolve any potential problems and to answer questions.
- *Close constructively.* If the employer indicates an interest in hiring, schedule an interview for the job seeker. If the employer is not interested, ask whether he or she might be interested at a later date, and find out when might be a good time for another contact. Regardless of whether the employer shows an interest, thank him or her for the time spent in listening to your description of the program.

*Figure 1. Job Placement Procedures.*

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**The Learning Phase:**

- The worker is supervised and trained on all tasks and duties by transition specialist (TS).
- The worker learns various job duties required by job site.
- The worker learns and follows all rules and regulations as posted by vocational site.
- The worker begins to identify and work on skills and behaviors exhibited at work site.
- The TS collects and records all data from skill and behavior programs.
- The TS in conjunction with the worker begins to explore transportation options such as city buses, bicycling, walking.
- The worker may begin bus training if appropriate and available.
- The worker maintains a minimum of three working hours per week.
- The TS delivers all consequences and contacts with the worker.

**The Responsibility Phase:**

- The TS makes intermittent quality checks while remaining on job site.
- The worker begins to maintain various job duties independently.
- The worker begins to follow all rules and regulations of job site independently.
- The worker begins to set own goals with TS and watches own behaviors.
- The TS collects and records all data from skill and behavior programs.
- The worker begins transporting self using public means if available with TS guidance and supervision.
- The worker uses vocational time wisely, maintains satisfactory work rate and quality.
- The worker will maintain at least 5 working hours per week.
- The worker begins to receive and respond to occasional feedback from employer.
- The TS delivers all consequences and the majority of contacts with the worker.

**The Transition Phase:**

- The TS not at job site, makes intermittent quality checks.
- The worker is independent in all job duties and tasks.
- The worker follows all rules and regulations of job site independently.
- The worker works toward vocational goals and maintains own behaviors.
- The worker's skill and behavior data are monitored with travel card.
- The worker independently transports to and from work.
- The worker maintains work quality equal to that of regular employee.
- The worker maintains at least 10 working hours per week.
- The worker responds to employer in all job related matters.
- The employer delivers the majority of consequences.

**The Independent Phase:**

- The TS makes intermittent quality checks by phone.
- The worker is independent in all job duties and tasks.
- The worker independently follows all rules and regulations of job site.
- The worker continues to work towards vocational goals and monitors own behaviors.
- The worker has no formal behavior programs.
- The worker independently transports to and from worksite.
- The worker maintains work quality equal to that of regular employees.
- The worker will maintain at least 10 working hours per week.
- The worker responds to employer in all job-related matters.
- The employer delivers all consequences.
- The worker will be eligible for placement in paid employment with TS support.

**The Employable Phase:**

- The TS assists with administrative issues.
- The employer trains and manages.
- The worker reaches vocational goals.
- The worker independently transports to and from work.
- The worker maintains at least 20 working hours per week for 1 year.
- The worker is able to independently gain paid employment.

*Note.* Adapted from *Vocational Transition Services for Adolescents with Emotional and Behavioral Disorders; Strategies and Best Practices*, edited by M. Bullis and H. D. Fredericks, 2001, Champaign, IL: Research Press. Reprinted by permission.

*Figure 2. Employment Phase System.*

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# Alternative Education Programs: Empowerment or Entrapment?

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Increasing numbers of American children and youths are receiving their educational services in so-called alternative education programs. This discussion focuses on (a) the historical development and social and political implications of this trend; (b) characteristics of ineffective alternative education practices and programs; and (c) essential elements in the "three Cs" of effective alternative educational programming: climate, competency, and community.

## Historical Overview and Definitions

Alternative education programs first developed as part of the social justice movement in the United States during the 1950s and 1960s. At that time, many government leaders began to question the public schools' ability to serve successfully students from low socioeconomic backgrounds, those with disabilities, and those from diverse ethnic and cultural groups. When these issues were first raised, there was considerable reluctance at the federal, state, and local levels to alter the structure and function of public education in the United States. For that reason, a decision was made to establish separate educational alternatives for those who wanted or needed to be educated outside of the mainstream (Sagor, 1999).

During the 1970s, we witnessed a proliferation of alternative schools, many of which were established in urban settings. The stated goal of these schools was to empower students from low socioeconomic and diverse ethnic and cultural backgrounds. In 1973, there were 463 alternative schools in the nation; by 1975, this number had increased to 5,000 (Sagor, 1999). The alternative education trend has continued to garner support, as evidenced by the fact that 4,181 such programs operated throughout the nation during the 1998–1999 school year (National Center for Educational Statistics, 2000).

Two recent Acts passed by the U.S. Congress have expanded the mission and numbers of students being served in alternative education programs. The Gun-Free Schools Act of 1994 mandated that students who brought weapons to school should be expelled and/or sent to an alternative educational setting for not less than 1 year. The amendments to the Individuals with Disabilities Education Act of 1997 permitted individualized education program (IEP) teams to place students with disabilities in "appropriate interim alternative education settings" for up to 45 school days. The IEP team has the responsibility of defining "appropriate." Furthermore, when a youth with a disability is assigned to an interim alternative educational setting by the IEP team, the legislation dictates that the modifications and behavioral and instructional support specified in the youth's IEP) must be adhered to. As a result of these laws, more than three-fourths of the states have endorsed and are using alternative education programs (Katsiyannis & Williams, 1998).

### Definitions

In their national study of state alternative education practices, Katsiyannis and Williams (1998) found that 22 states had adopted official definitions of alternative education. These definitions all include references to (a) the setting where alternative education can take place, (b) the type of curriculum that is offered, (c) the instructional methodology, and (d) the desired outcomes of the program.

The state definitions specify that alternative education programs can be located in a multitude of different settings, including a classroom on a regular campus, a separate wing of a regular campus, a separate off-campus building that students attend during daytime hours only, and/or a separate residential program (e.g., psychiatric hospital, correctional facility). The type of

curriculum referred to in almost all of the state definitions is one that is student centered, is nontraditional, and includes some element of student choice. Instructional methodology referred to in the state definitions includes the use of approaches that are intensive, diagnostic, individualized, competency based, relevant to the student's goals and life, and responsive to nontraditional learners. Desired outcomes of alternative educational programs specified in the state definitions include dropout prevention, redirecting lives, return of students to the regular classroom, and students' receiving their GED or high school diploma.

Raywid (1990) argued that it is not possible to develop a single definition that applies to all alternative education programs. She identified three categories of alternative programs:

1. "Magnet" schools whose goal is to make school more challenging, responsive, and fulfilling for students. Typically, enrollment in these alternative programs is a choice made by students and/or caregivers.
2. "Last chance" programs designed for students with behavioral problems. Students are usually mandated to attend these schools.
3. Remedial programs for students who need intensive academic and/or social remediation. Enrollment in these programs usually reflects a mixture of mandates and/or student and caregiver choice.

A national study of model alternative education programs (Tyler, 1997) revealed that most (79%) alternative education programs are located in urban settings. The average enrollment of the model programs was 166 students. The majority of the schools studied provided services to students aged 12 to 18, with minimal services offered to students under the age of 12 or over the age of 18. Table 1 summarizes the array of programming being offered to students in these model alternative education programs.

| Programming | Percentage of 105 Alternative Education Programs Providing This Service |
|---|---|
| Academic instruction | 100 |
| Counseling services | 84 |
| Conflict resolultion and/or peer mediation training | 66 |
| Family activities | 63 |
| Physical education | 50 |
| Vocational training | 48 |
| Job training/placement | 45 |
| Community service | 41 |
| GED preparation | 35 |

*Note.* From Tyler (1997).

*Table 1. Programming Offered in 105 Model Alternative Education Programs Nationwide.*

## Social and Political Issues

Since the inception of the alternative schools, enrollees have been disproportionately students from low-income groups, students with disabilities, and students from diverse ethnic and cultural groups (Gregg, 1999; Guerin & Denti, 1999). This continues to be the case. Table 2, which shows the Texas student enrollment in disciplinary alternative education programs by ethnicity, disability, and socioeconomic status, clearly illustrates this trend.

Table 2 clearly illustrates the disparate assignment of students of different ethnicities, socioeconomic levels, and disabilities to disciplinary alternative education programs (DAEPs). As can be seen, African-American students are assigned to DAEPs at almost twice their prevalence rate in the state student enrollment figures. Caucasian students, on the other hand, are placed in DAEPs at a significantly lower rate than their frequency in the overall state student enrollment. During the 1996–1997 school year, the percentage of students with disabilities who were assigned to DAEP was twice the percentage of those in the general state student enrollment. A national study of alternative education programs found that students from low socioeconomic backgrounds comprised 60% of the student enrollment in the 105 alternative programs studied, 39% percent were from middle socioeconomic backgrounds, and only 1% came from high socioeconomic backgrounds (Tyler, 1997).

The disproportionate representation of students with disabilities and those from impoverished and ethnically and culturally diverse backgrounds being served in alternative education programs has substantial political, economic, and social ramifications. Is alternative education being used as a process to officially exclude youths who do not fit the mold in regular public schools? Are alternative schools creating a de facto form of segregation? In the case of alternative education, is separate inherently unequal? A strong correlation exists between educational experience, future

| | 1995–1996 | | 1996–1997 | |
|---|---|---|---|---|
| | Overall State Enrollment | Enrollment in DAEP | Overall State Enrollment | Enrollment in DAEP |
| African American | 14 | 22.2 | 14 | 22 |
| Caucasian | 46 | 31.2 | 46 | 28 |
| Hispanic | 37 | 43.6 | 37 | 39 |
| Low-income students | Data not collected | Data not collected | 48 | 55 |
| Special education students | Data not collected | Data not collected | 10 | 21 |

*Note.* From Intercultural Development Research Association (1999).

*Table 2. Texas Student Enrollment in Disciplinary Alternative Education Programs (DAEPs) by Ethnicity, Disability, and Socioeconomic Status (in percents).*

opportunities, and future earning potential (Rose & Gallup, 1968–1998). Alternative education settings typically do not have access to the same resources and/or experienced, expert teachers that the regular schools do. Therefore, are alternative education students in danger of becoming even more economically and socially marginalized? This raises the important question of whether alternative education programs empower or entrap students. My response is that it depends on how the alternative education program is developed, implemented, monitored, and evaluated.

## Characteristics of Ineffective Alternative Education Programs

Research has consistently identified characteristics and/or practices that have proved to be ineffective in the provision of alternative education programs. Critics contend that some alternative education programs are nothing more than a dumping ground and/or holding tank for students who cannot be molded to fit in general education. Many of these settings provide a large, warehouse-type program based on a strict, punitive, coercive approach with limited student and teacher choice. Not surprisingly, these types of programs have been found to be ineffective, and they fail to produce the desired improvement in participating students' skills, behaviors, and attitudes. Additional characteristics of ineffective alternative education programs include having minimal caregiver involvement; inadequate and/or poorly trained staff; unclear, inconsistent operating policies and procedures; and little or no community involvement (Barton, 1998; Kellmayer, 1995).

## Three Cs of Effective Programming in Alternative Settings: Climate, Competency, Community

### Climate

All organizational units have a climate that represents a critical component of their success or failure in realizing established goals and objectives. School climate can be defined as the conditions in the school setting that directly impact the physical, emotional, and academic needs and successes of students. Effective alternative education programs have been found to have the following characteristics related to establishing and maintaining a positive climate (McCreight, 1999; Rutherford & Quinn, 1999; Rayvid, 1994; Smink, 1997; Tobin & Sprague, 1999; Tyler, 1997; U.S. Government Accounting Office, 1994):

- A clearly established mission and goals.
- Student and teacher choice.
- An efficient, structured learning environment that includes high expectations and is focused on achievement and success.
- A focus on the needs of the whole student—personal, social, emotional, and academic.
- A discipline code that is structured, clear, and consistently applied and has a disciplinary, not punitive, approach with rewards and consequences.
- Provision of opportunities for caring relationships with meaningful adults.
- A lower student–teacher ratio.

- Student involvement in personal goal setting, including participation in the IEP process.
- Appropriate staffing and resources.
- Use of a collaborative, multidisciplinary committee that includes student representation to make programming decisions.
- Ongoing program monitoring and evaluation with continuous improvement as a goal.

### Competency

A second general characteristic essential to effective alternative education programs is their focus on competency. This includes the academic, social, emotional, and behavioral competency of students as well as the professional competency of the staff. Only when students develop competency can they become successful in mainstream society. Research-validated program elements that foster student and staff competency include the following (McCreight, 1999; Rutherford & Quinn 1999; Smink, 1997; Tobin & Sprague, 1999; Tyler, 1997; U.S. Government Accounting Office, 1994):

- Having a focus on assessment that incorporates the use of functional assessment procedures.
- Providing a flexible, self-paced, customized, intellectually challenging curriculum that is responsive to students' needs and skills.
- Offering preemployment, vocational, and school-to-work courses that match students' aptitudes and interests and are responsive to the current labor market.
- Providing programs that offer students opportunities to examine their patterns of self-defeating behavior and directly teach students prosocial coping skills (e.g.,direct instruction in social skills, effective problem solving, conflict resolution, anger management).
- Providing ongoing, relevant training that focuses on the use of effective, efficient, research-validated instructional strategies, conflict resolution strategies, and discipline management strategies.
- Securing caring, skilled, well-trained, optimistic staff who are willing to be accountable for student success and providing the support necessary for them to maintain this level of caring, optimism, and commitment.

### Community

Community is the third general characteristic associated with effective alternative education programs. It can be defined as having a sense of community internally, within the alternative education program, and externally, by maintaining linkages and collaborative working relationships with the larger local community within which the student is eventually expected to be successful. Essential components of the realization of this sense of community include the following (Quinn & Rutherford, 1998; Smink, 1997; Tyler, 1997; U.S. Government Accounting Office, 1994):

- Having a transition component that includes developing individualized success plans for students when they are entering and leaving the alternative setting.
- Providing students with access to needed support services (i.e., physical health, mental health, social services), both internally, within the alternative educational program, and externally, in the larger community.
- Establishing programs that provide students with a sense of belonging, contributing, and being a part of something greater than themselves (e.g., service learning programs, student-operated businesses, peer tutoring initiatives, mentoring programs).
- Incorporating parent/caregiver support and involvement as an integral program component.
- Creating and maintaining collaborative working relationships within the alternative school community and with outside community-based social service agencies and local businesses.

## Conclusion

Alternative education programs have been with us for many years, and in light of the current political and social climate, it seems reasonable to assume that they will continue to be an integral part of the public education system in the United States. It is encumbent upon legislators, policymakers, and practitioners to be extra vigilant in ensuring that alternative education programs are not used as dumping grounds for students with disabilities, those who are members of diverse ethnic and cultural groups, and those from low socioeconomic backgrounds. Such a use threatens the educational and civil rights of these groups of students.

Alternative education programs can represent reason for hope and promise or for further alienation and despair to students placed in these programs. Whether these programs empower or entrap students depends on how they are developed, implemented, monitored, and evaluated. Alternative education programs that incorporate the essential elements needed to build a healthy climate, student and staff competency, and a sense of community are well on the way to fulfilling the true mission of alternative education—to empower students to succeed educationally and in life.

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# Features of Model Programs for Children and Youths with Problem Behaviors

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During the several last decades, we have seen some significant research and experience-based perspectives that have yielded useful guidelines for addressing the behavioral needs of children and youths who are affected by emotional, behavioral, and/or developmental disorders and disabilities. A number of features of exemplary practice have become apparent. These features are evident in contemporary programs that seek optimal interventions and supports for children with challenging behaviors (e.g., Kutash et al., 2000). They encompass the essential knowledge that has accumulated in recent years—especially the benefits of positive behavioral support and wraparound processes (Epstein, Kutash, & Duchnowski, 1998; Koegel, Koegel, & Dunlap, 1996; Sugai et al., 2000; VanDenBerg & Grealish, 1996). The features have generality in that they are relevant to all programs that address children and/or youths with problem behaviors. That relevance holds regardless of the children's ages, level of functioning, histories, circumstances, or learning characteristics. In the following discussion, we identify and briefly discuss six of the most prominent of these features. We also examine some issues regarding these features in the context of program development.

We preface our discussion by identifying key considerations for the overall design and implementation of these programs. First, the features of effective practice should be evident at *multiple levels* within systems, including the individual child or youth level (e.g., behavioral support plans) and the broader agency or program level, such as classroom and/or school-wide systems (Lewis, Sugai, & Colvin, 1998; Nelson, 1996). Second, children and youths with serious behavioral challenges require integrated, multielement plans rather than single-component interventions (e.g., counseling, time-out). Program features should be combined to create a *comprehensive, interdisciplinary approach* in which services are blended into a holistic plan. Third, supports and services must be designed to adapt to the individual needs and circumstances of those served, as well as their families and direct support providers. A respectful application of the features described in this article acknowledges cultural and economic diversity and strives to design approaches that *fit the particular cultural, familial, and ecological circumstances* in which they will be implemented (Albin, Lucyshyn, Horner, & Flannery, 1996).

## Six Features of Exemplary Programs

The six features we have identified are (1) prevention, (2) collaboration, (3) effective instruction, (4) a functional perspective on problem behaviors, (5) a focus on inclusion, and (6) a longitudinal view of the goals of intervention and support.

### Prevention

Perhaps the most valuable components of approaches to serving children with challenging behaviors are those aimed at preventing the probability that problems will occur. Prevention is a multifaceted endeavor about which the field has learned a great deal (e.g., Campbell, 1995; Serna, Nielsen, Lambros, & Forness, 2000). Researchers have examined a number of highly effective strategies that include early identification and intervention, assessment of risk factors followed by appropriately focused intervention, and environmental design and enrichment. For example, a growing body of research has demonstrated that reliable identification of tendencies toward problem behaviors is feasible at early ages and that targeted interventions can be successful in both resolving the problems and reducing the likelihood of their subsequent occurrence (Dunlap &

Fox, 1999; Dunlap, Johnson, & Robbins, 1990; Epstein & Walker, in press; Kaiser & Hester, 1997; Kamps, Kravits, Stolze, & Swaggart, 1999; Kamps & Tankersley, 1996; Reeve & Carr, 2000). Programs that embrace this strategy (e.g., Walker et al., 1997) identify children who are at risk for patterns of antisocial behavior and divert them from this trajectory by teaching prosocial behaviors, discouraging problem behaviors, establishing desirable behaviors to replace the problem behaviors, and working with parents and teachers to create the kinds of constructive interactions that functionally preclude the occurrence of future problems. Taken together, studies show that the process of early identification and intervention for behavioral difficulties can be applied with all at-risk children, regardless of age, and should be an explicit element of all model programs.

Another form of prevention involves the design of environments to promote desirable, prosocial behaviors and discourage problem behaviors. As a powerful universal and proactive intervention, providers can design settings that will prevent problems if they provide clear expectations, comfortable and enriched surroundings, appropriate activities and routines, opportunities for choice making, reinforcement for positive behavior, and availability of social supports (e.g., Lewis et al., 1998). In addition, the challenging behaviors of individual children can be reduced substantially if the environment (or context) is modified so that the child's idiosyncratic "triggers" are removed or ameliorated (Luiselli & Cameron, 1999). Such preventative interventions flow from a functional behavioral assessment to identify the antecedent triggers and often involve adjustments to the child's curriculum or the social or physical ecology (e.g., Dunlap, Kern-Dunlap, Clarke, & Robbins, 1991).

### Collaboration

Children and youths with behavioral challenges commonly receive a variety of supports and services from individuals representing different agencies, disciplines, and perspectives. Such circumstances can set the stage for fragmentation of services and disagreement among providers. Therefore, collaboration among families, professionals, and agencies is a key feature of effective programs (Hieneman & Dunlap, 1999). It provides a forum for open communication, sharing of resources, and coordinated effort. Characteristics of effective collaboration, as they translate into program features, include the following:

1. Mutual trust and respect among families and professionals.
2. Shared goals for the future of the child or youth and the family.
3. Complete disclosure of relevant information among collaborators.
4. Equity of task distribution (i.e., everyone shares responsibility).
5. Decision-making based on consensus and involvement of all partners.
6. Immediate and productive conflict resolution.

The role of the family is of primary importance in the collaborative process. In the past, families of children and youths with behavioral challenges were often excluded from active involvement in the planning and implementation of interventions. However, adequately supported and empowered, families offer the most stable—and potentially constructive—resource to the process (Magnussen, McCarney, Olson, & Mordock, 1996; Singer & Powers, 1993). Effective programs treat family members (and other informal support providers) as valued partners and encourage them to assume a primary function as decision makers (e.g., Hodges, Nesman, & Hernandez, 1999).

### Effective Instruction

An essential feature of effective programs is, quite simply, good teaching. In contrast to a common belief that problem behavior must be addressed before learning can occur, well-constructed and systematically presented curricula offer important benefits. First, appropriately designed curricula are likely to minimize the frustration and confusion that may provoke problem behaviors (Dunlap & Kern, 1996). Second, curricula can promote skills that allow children and youths to be more self-sufficient and interact with others more successfully (Quinn, Kavale, Mathur, Rutherford, & Forness, 1999).

Effective teaching refers to both curriculum content and instructional strategies. For children and youths with behavioral challenges, the curriculum should be referenced to the home, school, and community. In general, children should be taught skills that peers utilize to function successfully in mainstream settings (e.g., the general education classroom). In addition, the curriculum should be individualized to address the child's specific needs (i.e., what he or she needs to do to succeed in daily activities and circumstances). For children and youths with serious behavioral difficulties, the instructional curriculum necessarily includes a strong emphasis on social and personal skills.

In addition to appropriate curriculum content, good teaching includes effective, systematic instructional methods. The literature on this topic is extensive and includes a variety of approaches to instructional design and presentation (Forness & Kavale, 1994). Effective instructional practices include (a) analysis of compo-

nent skills, (b) task presentation, (c) pacing of instruction, (d) use of materials, (e) guided practice, and (f) consistent feedback. In addition, outcomes of instruction should be evaluated systematically to ensure that students continue to make adequate progress in both academic and behavioral functioning.

### A Functional Perspective

Another important feature of effective programs for children and youths with behavioral challenges is a functional perspective on behavior. A functional perspective means an appreciation that behavior is governed by its context, is purposeful or meaningful to the individual, and ultimately is maintained by the consequences it evokes. Environmental circumstances (e.g., the physical setting, social reactions) affect and serve to maintain behavior. This orientation is in sharp contrast to a traditional medical or deficit model in which the problem is viewed as emanating from the child and/or the family.

From a functional perspective, effective interventions to address problem behaviors are based on a functional (behavioral) assessment. In this process, information is gathered through interviews, observations, and other methods to determine the context (i.e., the circumstances preceding or surrounding) and the functions (i.e., the outcomes or maintaining consequences) of the behavior. The resulting hypothesis statement (i.e., "best guess") sets the stage for intervention (O'Neill et al., 1997; Scott & Nelson, 1999). Interventions based on functional assessments typically include (a) arranging aspects of the environment (the context) to prevent problem behavior, (b) teaching replacement skills that serve the same function (or purpose) as the problem behavior, and (c) providing positive consequences to encourage appropriate behavior and deter problem behavior.

### Inclusion

A key objective of programs for children and youths with behavioral challenges is to help them participate and interact more effectively in integrated environments. For that reason, successful programs place major emphasis on inclusion. Recent literature demonstrates the limitations of readiness models and self-contained programs—particularly with respect to the generalization of instructional targets such as social skills. That same literature suggests that it is more useful to provide children and youths with guidance and instruction, to the greatest extent possible, in the contexts in which the target behaviors are expected to be performed (Dunlap, 1993). Effective practices are based on an expectation of inclusion because children and youths with behavioral difficulties benefit from opportunities to interact with same-aged peers and participate in typical activities and environments (Muscott, 1995; Zionts, 1997). If dangerous behavior prohibits an individual's inclusion in the mainstream for any period of time, there should be mechanisms to enhance his or her social networks, build and maintain friendships, and continue involvement in a full range of typical activities.

The issue of inclusion relates not only to children and youths with behavioral challenges, but also to families and service providers. It is important that the individuals who support children with challenging behaviors continue to be embraced by their peers and community. Recent research has demonstrated that effective integration requires inservice training and supportive consultation specifically designed to enhance inclusionary practices for students with emotional or behavioral disabilities (Shapiro, Miller, Sawka, Gardill, & Handler, 1999).

### A Longitudinal View

In contrast to the reactive, crisis-oriented, or short-term approaches that have often characterized interventions for children and youths with challenging behavior, effective programs embrace a more longitudinal perspective. Goals should be determined proactively, based on a positive, long-term vision for the child's upcoming years, and services should be referenced to aspirations of the child, the family, and other support providers. Processes such as person-centered planning (Kincaid, 1996; Miner & Bates, 1997) help to facilitate identification of these goals and relevant supports. To support such a longitudinal perspective, continuity of care must be provided through transitional supports as the child moves from setting to setting and over time (e.g., Bullis, Tehan, & Clark, 2000).

Measures of progress should focus on immediate changes in behavior (e.g., reductions in problem behavior) and on long-term outcomes such as friendship development and successful participation in integrated activities. Support providers must keep in mind that the primary objective of programs to support children and youths with behavioral challenges is to help them to acquire the skills they need to meet their personal goals associated with daily living.

A longitudinal approach can focus attention on intervention strategies that exist at the macro level, and not simply at the level of specific intervention practices or techniques. According to Risley (1996), when durable, quality-of-life outcomes are sought, the most important elements of an intervention plan involve the effective collaborative teaming of people who are truly invested in the individual's outcomes. Equally important is the provision of life arrangements that help ensure comprehensive access to appropriate and

preferred activities, opportunities, and supports (e.g., Turnbull & Turnbull, 1990).

## Some Considerations for Building Model Programs

Implementation of the program features discussed here requires careful consideration and development of an appropriate, facilitative framework. A variety of factors need to be in place for the various features to be implemented with integrity and in an optimally beneficial manner. Such factors have been identified by a number of thoughtful authors—and in a series of investigations—regarding systems of care and school and agency restructuring (Adelman & Taylor, 1998; Kutash & Duchnowski, 1997; Kutash et al., 2000; Sailor, 1996). Considerations for effective implementation and the development of model programs include (a) allocation and use of resources, (b) program philosophy and decision-making processes, and (c) the provision of systems for accountability.

To address the significant challenges and support needs of children and youths with challenging behaviors, resources must be provided and used in flexible, responsive ways. This entails a number of considerations. First, there are financial issues in expanding from prioritizing crisis management and reactive strategies to prevention and continuity of care. Financial resources must be made available for early detection, universal interventions, family support, transitions, longitudinal support, and program evaluation. A major factor is flexibility in the allocation of available funds. Often, such flexibility can be realized in part by systems working to combine resources and expertise through blended funds, interagency agreements, and service coordination.

Second, professional roles need to be defined to align with an emphasis on case management, support for families and service providers, functional assessment, positive interventions, and wraparound facilitation. Adequate time and resources need to be provided to facilitate parent–professional and interagency collaboration. Staff require training and ongoing development opportunities, as well as a variety of avenues for social and instrumental support, and universities and agencies need to develop more effective programs of effective preservice and inservice education.

Another consideration is that programs need to develop shared values, including a belief in the positive aspects of education and behavioral development, a functional orientation to problem behaviors, the potential (and real) contributions of families and other collaborators, and the importance of longitudinal inclusion and community participation. The process through which a program philosophy is determined can be crucial. A shared process that includes administrators, teachers and support providers, and parents is typically most constructive. This leads also to the issue of program governance. Studies have shown that many exemplary programs establish systems of shared decision making that include families as well as relevant program personnel (Kutash et al., 2000).

A final major consideration involves accountability achieved through multidimensional and objective measurement of relevant outcomes, including the progress and well-being of children and their families. Effective programs make use of ongoing assessment to monitor students' progress, in order to focus on needed programmatic improvements. Accountability needs to be embraced as a program-wide principle and addressed in relation to all relevant units of analysis, including the program (or school) and the individual child or youth and family.

## Conclusion

Although our discussion of program features and developmental considerations has been brief, the points we highlighted have extensive support in the accumulated literature. The six features we identified were described in general terms. Although there certainly are nuances and specifications that should be appended as the features are applied in any particular program, or with any particular population, they are all thoroughly defensible as both general prescriptions and individual recommendations. While future developments surely will add to our knowledge and alter the framework of our perspectives, the features we delineated represent current best practice for children and youths with challenging behaviors. We feel strongly that programs can become model programs by incorporating these critical features as thoroughly and diligently as possible.

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# Data-Based Decision Making to Ensure Positive Outcomes for Children and Youths with Challenging Behavior

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As a profession, special education has long relied on the use of objective information to guide educational decisions for children and youths with disabilities. The very heart of students' individualized education programs (IEPs) is based on continuous measurement (Alberto & Troutman, 1999). Without data-driven decisions, much of the work of teachers would be simply trial and error. Nelson and Polsgrove (1984) wrote that teachers select and pace instructional procedures based on student progress, rather than curriculum guides, teachers' manuals, or programmed instructional sequences. The data on student performance, not publishers' manuals, are their authority. The importance of data is further underscored in the recently revised standards of the National Council for Accreditation of Teacher Education (NCATE, 2000). It specifies that teachers-in-training are expected to exhibit the skills to "accurately assess and analyze data . . . and use research . . . to support and improve student learning" (p. 16). While such standards have long been a major component of special education teacher preparation programs accredited by the Council For Exceptional Children, the new NCATE standards expand the expectations to all areas of teacher preparation.

## Teachers' Concerns About Data Collection

Some years ago, Lund, Schnaps, and Bijou (1983) indicated that teachers need to collect only data that will answer two basic questions: How well are my students doing? and Are the instructional programs working for each student? Even so, Scott and Goetz (1980) voiced two major concerns regarding data collection by teachers in their classrooms. First, according to these researchers, teachers report that they do not have time to collect data because they have to devote their time to teaching. Indeed, there is widespread concern regarding the tension between measurement and instruction (e.g., Alberto & Troutman, 1999; Kerr & Nelson, 1983; Lund et al., 1983; Wesson, King, & Deno, 1984). Second, they suggested that there could be some "teacher-role violation" resulting from teachers" utilization of data-collection equipment.

In their study, Scott and Goetz measured the effects of data collection on the verbal and nonverbal interactions teachers had with preschool children. Although the study lacked experimental controls, it appeared that verbal interactions were affected little by the teachers' data-collection efforts, whereas nonverbal interactions (i.e., physical contact) between the students and their teachers were reduced by almost 50%. Scott and Goetz suggested that the data-collection equipment (i.e., clipboard, paper and pencil) interfered with nonverbal interactions because the teachers' hands were occupied. Assuming that this is an accurate interpretation, it lends some support to teacher assertions that "when I take data I don't teach."

## Methods of Data Collection Used by Teachers

According to McLaughlin (1993), there is relatively little information on the actual data-collection methods employed by teachers in their classrooms. Yet the recent attention given to the use of functional behavioral assessment (FBA) has directed focus on the need for data-based decision making in the classrooms for children with challenging behaviors. As Yell and Katsiyannis (2000) pointed out, the use of FBA is strongly supported by the Individuals with Disabilities Education Act (IDEA '97) emphasis on positive behavioral interventions. This emphasis is having a tremendous effect on school personnel. For example, in a recent letter from the State Department of Education of Georgia to district special education directors, the

primary topic of a 2-day spring conference was data collection for educational accountability.

Fox, Gunter, Davis, and Brall (2000) described various methods and procedures to enhance the direct observation aspect of a functional behavioral assessment. They presented three observation techniques that they described as "relatively simple": frequency tallying; momentary time sampling; and, permanent product recording. These three techniques are consistent with an earlier review of data collection by McLaughlin (1993). He found that a slight majority of teachers use direct observation procedures in connection with classroom projects; 47.2% of the projects used permanent product data collection. The primary type of observational data collection used was random time sampling, with frequency recording a distant second. Drawing upon his review, McLaughlin recommended that the focus of training in observational data collection in teacher preparation programs should be on time sampling procedures, with about an equal amount of time spent on permanent product data-collection procedures.

The whole notion of sampling behaviors over time raises some interesting issues for researchers and practitioners. For example, Powell, Martindale, and Kulp (1975) compared whole-interval time sampling, partial-interval time sampling, and momentary time sampling procedures to a continuous recording of a low-frequency, high-duration activity—that it, the "in-seat" behavior of a secretary. They found that when momentary time samples were conducted every 120 seconds or more, the time sampling and continuous measures were in close agreement. What this means for teachers is that if a behavior, such as being on-task is targeted for observation, targeting 1 second every 2 minutes for data collection would be an effective method to collect a representative sample of that behavior. Another way to look at the procedure is that 5 to 10 seconds of observing and recording data can portray 1 10-minute sample of the behavior.

Another issue related to data collection and decision making centers on associated time demands. Taylor and Romanczyk (1994) expressed concern about the labor intensity and complexity of many descriptive methods used to generate hypothesis statements (or "best guesses") regarding the motivation for students' challenging behaviors. They argued that if we increase the efficiency of direct observation and reduce the labor, resources, and expertise it requires, we may increase the usefulness of hypothesis-generating techniques in natural environments (e.g., classroom settings). Others have expressed similar concern about time-task demands. Gunter, Jack, Shores, Carrell, and Flowers (1993) have made good use of advanced technology such as computer-driven sequential analyses to describe behavioral interactions and develop hypotheses based on statistical relationships of behaviors (e.g., use of a specific teaching strategy and pupil response). However, they have concluded that it is probably too cumbersome at this stage of its development to be practical. The use of procedures such as momentary time sampling ameliorate at least some of the efficiency issues of direct-observation data collection.

## Positive Impact of Data Collection

There is a large body of literature that supports the positive effects of teachers' simply collecting data. For example, Haring, Liberty, and White (1980) reported that students with disabilities made greater progress when teachers used data-based decision making than students whose teachers did not. In a related study, Bloom, Hursh, Wienke, and Wold (1992) examined the effects of computerized data-collection procedures compare to paper-and-pencil procedures. The five students in the study were between 7 and 13 years of age, and all were identified with behavioral disorders except one, who was identified with autism. The students' teachers began interventions that addressed target behaviors (e.g., neglecting to raise hands, being off task) and did not collect data on the effects of the intervention during baseline conditions. The effects of paper-and-pencil versus computerized data-collection procedures were then compared. When the behavioral interventions were introduced in the baseline condition, no change in the target behavior was noted. However, when either computerized or paper-and-pencil data-collection and graphing procedures were implemented, positive behavioral changes were noted. There were no differences noted in the behavioral changes between the paper-and-pencil and the computerized methods; however, the teachers reported that they preferred the computerized methods of data collection and that they altered their interventions more often when they used the computer.

Gunter and Reed (1996) developed a protocol for analyzing instructional interactions in the classroom, one that was designed to simplify a computerized lag sequential analysis process (Gunter et al., 1993). The protocol produces a functional assessment of students' disruptive behaviors based on a positive or negative reinforcement hypothesis. That is, from observing that students' disruptive behaviors often are followed by teacher attention, we might hypothesize that the students' motivation for engaging in disruptive behaviors is based on positive reinforcement. On the other hand, from an analysis suggesting that a large portion of students' responses were inaccurate, indication that the work might be too difficult for them, we might hypothesize that the students' disruptive behaviors are motivated by a desire to escape from aversive stimuli.

Using this protocol, Gunter and Reed (1997) tested the hypothesis derived from the protocol that some teachers' instructional interactions fail to meet the standards outlined in the literature on effective instruction. They introduced an intervention that consisted of having the teachers write a script of their instructional verbal behavior to ensure that the instructional sequence contained a modeling and prompting step prior to checking (assessing) to see whether the student could respond independently. The script-based intervention resulted in increased correct student responses, increased use of verbal praise by the teacher, and decreased disruptive student behaviors.

## Simplifying Data Collection

Researchers also have examined other aspects of data collection and hypothesis development. For example, Taylor and Romanczyk (1994) demonstrated that, by simply gathering data on a single variable, it is possible to generate hypotheses regarding the function of problem behaviors of children from 3 to 11 years old who have autism, developmental disabilities, and emotional disorders. The variable on which they collected data was teacher attention. They identified two groups of students. The disruptive behaviors of one group of students were accompanied by greater amounts of teacher attention, whereas, for the other group, disruptive behaviors were not accompanied by teacher attention. Taylor and Romanczyk hypothesized that the first group's behaviors were maintained by the teachers' attention, while the second group's behaviors were maintained by a task escape/avoidance function. When they tested their assumptions regarding variables maintaining student behavior, their predictions were accurate for 14 of the 15 students.

Based on the simplicity notion of Taylor and Romanczyk (1994)—that is, that hypotheses could be developed by observing one student behavior—Gunter, Hummel, and Venn (1998) developed a protocol to allow teachers to evaluate their instruction based on the academic success of their students. The protocol allows teachers to measure the number of correct academic responses given by students within a specific period of time. Gunter and Denny (1998), among others, argued that rate of correct academic responding is perhaps the pivotal behavior of classroom interactions between teachers and their students. Results indicated that (a) correct student responses are the most likely (if not the only) responses to elicit teacher praise and (b) the most likely predictor for students' correct responses was teachers' use of effective instructional procedures such as modeling correct academic behavior provided support for that assertion. However, one of the main reasons to develop the protocol was ease of use, which, in turn, might promote teachers' self-evaluation of their instruction.

To use the protocol, the teacher simply videotapes portions of instructional delivery of new information for later review. When reviewing the videotape, the teacher counts the number of correct student academic responses. The teacher can then compare the correct responses per minute in his or her classroom to the rate recommended in the effective instruction literature to determine whether the students' behaviors meet that standard. The process takes only 5 to 10 minutes. Gunter and colleagues are examining the exact effects of the use of the protocol on teacher and student behavior, as well as the differential effects that may occur in relationship to the frequency of use of the self-evaluation procedure. While there is more to be learned, the strength of this procedure, much like the strength of the Taylor and Romanczyk (1994) procedure, rests with the simplicity and practicality of collecting data on only one student behavior.

## Conclusion

There is little agreement regarding the most beneficial techniques for teachers to apply to classroom data collection and analysis. Notwithstanding its current emphasis, Scott, Meers, and Nelson (2000) suggested that traditional functional behavioral assessment procedures might not be appropriate for use with students with mild disabilities. Drawing upon their national survey, they concluded that there was little consensus regarding procedures necessary to complete an FBA for students with mild disabilities. Of particular interest were the responses to queries regarding the use of direct observation. Scott and colleagues reported that when asked whether hypothesis statements should include observable actions or events, a surprising 25% of those surveyed responded sometimes or never. There is good reason to question the validity of school-based FBAs that may not adhere to one of the basic tenets on which FBA is constructed, that stimuli are observable and measurable.

That data collection and analysis in classrooms can have a positive impact on the academic achievement of students with disabilities—including students with emotional or behavioral disorders—is well demonstrated. The real challenge seems to be the development of systems that can result in this achievement as efficiently as possible. Additional research is needed to identify those procedures that require the least effort and complexity and still result in positive outcomes for students according to the type and amount of data gathered and evaluated.

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# Student Diversity Revisited: Is It Part of Our Academic Planning for Children and Youths with Challenging Behaviors?

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There is a growing recognition that the overidentification of students of color as special education students is reaching epidemic proportions in our schools. Furthermore, too many students of color are being labeled as having serious emotional disturbance (SED). Recently, the U.S. Department of Education (1999) reported that while African Americans made up only 16.3% of the general student population, 23.7% of these students were labeled with SED and 31% were labeled with mild mental retardation (MMR). Clearly, there are disproportionate numbers of African-American students labeled as having either SED or MMR. Beyond the obvious question of how to remedy the problem of overidentification is the issue of finding effective strategies to address the diversity in our special education classrooms. Is diversity part of our academic planning?

In San Diego County, teachers of students with SED report that the majority of their students are individuals of color, whereas the majority of the teachers are not of color. These teachers assert that when they use strategies that address diversity, challenging behaviors decrease because the students are engaged in classroom activities that "look like them." The following discussion addresses a number of strategies that are a part of teacher preparation in academic planning for children and youths with challenging behaviors who come from diverse backgrounds.

To prepare preservice educational personnel to teach in increasingly diverse settings, we provide teachers-in-training with a range of strategies for practicing multicultural education. These strategies reflect the five dimensions of multicultural education as conceptualized by Banks (1997). Preservice teachers learn how to:

1. Integrate ethnic content knowledge into their lesson plans.
2. Use an equity pedagogy in the execution of their lesson plans.
3. Emphasize the relevance of the knowledge construction process to their teaching.
4. Promote strategies for reducing prejudice in their students.
5. Help create an empowering culture and social structure in their schools.

The first dimension of multicultural education, integrating ethnic content knowledge into lesson plans, means using information from the various ethnic groups represented in the society and in one's classroom to illustrate the subject matter concepts to be learned. Teachers may also practice multicultural education by using an equity pedagogy, or using teaching strategies that are consistent with the cultural values, beliefs, and practices of the learners. Such strategies are said to be "culturally responsive" and have been shown to yield significant academic gains for students. Multicultural education practitioners know and teach young learners that school knowledge is socially constructed and influenced by various subjective factors, including race, socioeconomic class, and gender (Banks & Banks, 1995; Code, 1991). When students learn that knowledge is socially constructed and that bias exists in all academic disciplines, their teachers have practiced a third dimension of multicultural education, called the *knowledge construction process*.

A fourth way to practice multicultural education is to design lesson plans that make use of pedagogies that reduce prejudice and encourage more democratic values in students (Banks & Banks, 1995). Most often,

teachers use cooperative learning strategies to accomplish this goal. Teachers may also use the prejudice reduction strategies discussed by Katz and Zalk (1978) to practice this fourth dimension of multicultural education.

Banks (1997) has identified a fifth dimension of multicultural education, an empowering school culture and social culture. When this dimension of multicultural education is practiced, all school personnel investigate the grouping and labeling practices that exist in their school. They raise questions about the disproportionate number of African Americans and other students of color in special education classes and programs. There are other issues that must be addressed. For example, reviewing who participates in athletic programs and which of these programs receive more (or less) monetary and other support is important to practicing this dimension of multicultural education effectively. Finally, in this school-wide effort to create a culture that empowers students from diverse racial, ethnic, and gender groups, their participation, achievement, and the interaction of the staff and the students across ethnic and racial lines are scrutinized and changes are made as appropriate. Teachers of children with behavioral disorders can easily implement the content integration, equity pedagogy, and prejudice reduction dimensions of multicultural education. In the following sections, these dimensions will be illustrated, with examples of lesson plans.

Each semester, we teach an Introduction to Multicultural Education course in which preservice teachers are shown how to use the cultural diversity that their students bring to the classroom to implement multicultural education strategies across the curriculum. Using English and language arts standards for high school, we demonstrate for preservice teachers how to implement content integration strategies to transform the curriculum (see Note). At the beginning of this session, the class is asked to generate a list of concepts they remember learning in high school English and language arts. Typically, the list includes concepts such as "Poetry," "the Novel," "the Short Story," "the Play," and "the Mystery." After this list of concepts is generated, the class is asked to cite and list examples of each of these concepts, including the names of the authors. This list of examples usually includes the work of authors such as Dickinson, Fitzgerald, Shakespeare, Whitman, Shelley, Clemens, Frost, Thoreau, and Milton.

As these preservice teachers review the lists they have generated that reflect the concepts and people they studied in high school, what becomes evident to them is how overwhelmingly white and male these lists are. We then explain that teachers can integrate ethnic content knowledge into the curriculum by including the works of authors of color to teach subject matter concepts and thereby begin to transform the curriculum. They then modify their lists to include authors such as James Baldwin, Gloria Anzaldua, Langston Hughes, Lorraine Hansbury, Jesús Colon, Amy Tan, and Luis Valdez. They are shown how the curriculum is transformed by the new topics and constructs that are brought to it by the diverse perspectives of different authors of color, different religious and sexual orientations, and women. What is significant is the likelihood of increased academic achievement among students with behavioral disorders, and other students as well, when teachers transform their lessons by integrating ethnic content knowledge into the curriculum (Bell & Clark, 1998; Norment, 1997).

Transforming the curriculum by integrating ethnic content is one way to plan for the differences that students bring to classrooms. Using an equity pedagogy is another way that teachers of students with behavioral disorders can practice multicultural education to facilitate increased academic achievement of their students. To illustrate this dimension of multicultural education, we will focus on a common technique that teachers of elementary grade students frequently use. During a reading lesson, teachers typically will read short portions of a story to the children, stopping intermittently to (a) ask them comprehension questions about the content and (b) ask them to make predictions about the outcome of the story. This pedagogy conflicts with the available research that suggests a holistic nature of thought processes among American Indians (Cazden & John, 1971; John, 1972; Phillips, 1972). In fact, research with American Indian children shows that they resist this chopped-up literature style of instruction.

Rather than breaking the story into segments, discussing the segments, and then putting the pieces together at the end, Vogt, Jordan, and Tharp (1987) suggested that teachers nurture the American Indian students' preference for having a complete picture before attempting to analyze or understand. They pointed out that "in holistic thought, the pieces derive their meaning from the pattern of the whole; in linear thought, the whole is revealed through the unfolding of the sections" (p. 285). When teachers understand this cultural difference in American Indian students, they will more likely attribute the presence of challenging behavior to a resistance to the pedagogy being employed, rather than deficiencies in the students' intellectual capacity, social development, or desire to cooperate with the teacher.

A third dimension that we emphasize to help teachers plan for differences is prejudice reduction. When teachers practice the prejudice reduction dimension of multicultural education, they (a) investigate the nature of the prejudices that children bring to school and (b) use teaching methods and materials that engender more democratic attitudes in children. The following

middle grades social studies lesson illustrates the use of this practice. Since learners vary across classrooms and schools, we encourage teachers to modify the lesson plan to meet the needs of students in their classrooms.

The teacher introduces this lesson on Reconstruction using the script found in Appendix A. Next, the teacher asks the students the following questions: What do you think the word *Reconstruction* means? In what ways did the United States have to be "reconstructed" after the Civil War? Do you think the process was easy or difficult? What problems do you think the states in the North and the South would have?

After students have read "Restoring the Union" (see Appendix B), they work in mixed-race and gender-cooperative learning groups to "brainstorm" solutions to the problems listed in their reading. Cooperative learning strategies (Slavin, 1985), modified to include Allport's (1954) ingredients for interracial group work, have been demonstrated to reduce prejudice in children (Banks & Banks, 1995). It is not necessary for a teacher to go into detail with students about Allport's four ingredients. However, to increase the likelihood that prejudice will be reduced in the learners, the teacher must ensure that they (a) believe they have equal status; (b) work cooperatively, not competitively; (c) have a common goal; and (d) know that their work is sanctioned by an authority figure (i.e., the teacher).

To convey to students that they all have equal status, the teacher should make a statement to the effect that "all of us have something valuable to contribute to this brainstorming session because of the differences we bring to this task. We may have different perspectives on the solutions to the problems of reconstruction because we are from different ethnic and racial groups and because we represent different gender groups." When students in mixed-race cooperative learning groups do not believe they have equal status, they will display what Cohen (1972) called the "interracial interaction disability" (p. 23). When students fall prey to the interracial interaction disability, both people of color and whites in the group will expect whites to take the leadership roles and be responsible for completing the task successfully.

When planning for differences and practicing the prejudice reduction dimension of multicultural education, teachers should remember that it is the proper use of cooperative learning strategies, not the theme of the lesson, that helps students to develop more democratic values. That would hold true even if the concept being taught in the previous example were not "Reconstruction"; cooperative learning strategies would still be effective in reducing prejudice in the learners.

## Conclusion

We have presented three examples of dimensions of multicultural education on different grade levels and in different lessons to illustrate how those who teach children with challenging behaviors can practice multicultural education and thereby attend to the curricular and pedagogical needs of their diverse learners. Recently, we were asked, "How do you convince teachers to use these successful strategies?" Most teachers want to use methods and materials that will be effective in increasing the academic achievement of their students. Teachers are more likely to try these strategies when they believe that their use will make a difference in student classroom performance. Incentives such as the use of merit pay increases for teachers whose lesson plans show evidence of content integration, an equity pedagogy, and prejudice reduction strategies may also prove successful. Finally, teachers are more likely to introduce these strategies if they see other teachers whose work and students are showcased because of the successful use of content integration, equity pedagogies, and prejudice reduction strategies. While a multicultural approach is not the only standard of quality instruction, given the diversity of today's classrooms, it is certainly one defining characteristic of such instruction.

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## Note

Transformation is only one level or approach to content integration (Banks, 1997). The first two levels, Contributions and Additive, do not affect the structure and goals of the curriculum so that it effectively engages students from culturally diverse backgrounds and helps to increase their academic achievement. The fourth or highest level of content integration, Social Action, includes the transformative characteristics of the transformation level and encourages students to take action in their world as a result of what they have learned.

# Appendix A

## Introduction

The Civil War ended in 1865. Much of the South was in ruins, and a whole way of life had ended. Amid the destruction, Southerners, both black and white, wondered about the future. How would they rebuild their ruined cities, farms, and economy? What role would the former slaves, now freed men and women, play in Southern society? President Lincoln realized that there was a more important question: How would the North and South be reunited? He urged Northerners to forgive the South. In his second inaugural address, the president said, "With malice toward none, with charity for all, let us strive on to bind up the nation's wounds." He wanted to reunite the North and South to once again be the United States of America.

# Appendix B

# Restoring the Union — Conditions in the South

Many soldiers who went to fight in the Civil War never returned home. The North lost many more soldiers than the South. However, the farms and cities of the North were hardly touched by the war. In the North, returning soldiers found industry booming and farms prospering. In the South, on the other hand, returning soldiers found devastated cities and farmlands.

The problems facing the South were staggering. Two thirds of its railroad tracks had been destroyed. In some areas, 90 percent of all bridges were down. Farms and plantations were a shambles. Thousands of soldiers were disabled. Many Southern cities, including Charleston, Richmond, Atlanta and Savannah had been leveled.

The Southern financial system was also wrecked. After the war, Confederate money was worthless. Many Southern banks closed, and depositors lost all their money. People who had lent money to the Confederacy were never paid back.

Southern society had been changed forever by the war. No longer were there white owners and black slaves. When the war ended, nearly 4 million freed men, or freed slaves, were living in the South. Most had no land, no jobs and no education. Under slavery, they had been forbidden to own property and to learn to read and write. What would become of them? What rights would freed men have?

*Source:* Garraty, J. A. (1983). *The American Nation* (5th ed.). New York: Harper & Row.

# Strategies for Maintaining Positive Changes in Academic and Nonacademic Performance

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Mark is a third-grade student with Asperger's syndrome who receives educational services in an inclusive classroom. Although Mark's academic abilities are appropriate for his grade level, he has several problem behaviors that interfere with his participation in the classroom. One of Mark's most problematic behaviors is "yelling out" during academic tasks. Mark's teacher is concerned because this behavior interferes with his learning and is disruptive to her and the students in the classroom. Mark's teacher, along with members of his IEP team, conducted a comprehensive assessment of his behavior and identified several factors that have been contributing to and maintaining his yelling-out behavior. As a result of the assessment information gathered, his teacher and other members of his support team developed an intervention plan that significantly decreased his disruptive behaviors while increasing his on-task behavior and compliance. Although the intervention program was effective initially, over time, Mark's disruptive behaviors returned and the appropriate task-related behaviors decreased. Mark's teacher, support team members, and family are discouraged because his adaptive behaviors did not maintain.

The maintenance and generalization of positive changes in behavior that stem from classroom intervention pose a major challenge for teachers of students with behavioral disorders. Responding to the needs of students who demonstrate a range of often serious and persistent behavior problems, we can spend considerable time developing and implementing interventions designed to decrease problem behaviors and increase appropriate skills. As illustrated by the preceding case example, however, positive changes in behavior do not always maintain; more often than not, the problem behavior returns over time. Without systematic planning and instruction for maintenance of behavior change, our initial efforts to reduce behavior may be futile. In what follows, we draw upon both research and experience to discuss strategies for teachers to use to facilitate maintenance and generalization of positive behavior change in their students.

## Maintaining Positive Changes in Behavior

Over the past 25 years, techniques that facilitate maintenance and generalization of skills have been a topic of much discussion and research. As early as 1977, Stokes and Baer defined elements of a technology for facilitating generalization and maintenance of behavior. They conceptualized a number of critical principles that have been used to promote maintenance and generalization of behavior change. These principles include the following:

- Train and hope—which constitutes an all too common (but unsuccessful) approach.
- Sequential modification of instruction across responses, students, and settings—which represents an improvement but ignores the role that naturally occurring stimuli and reinforcement play in maintaining behavior.
- Introduction of naturally maintaining consequences—(see above).
- Teaching sufficient examples—which means that students need to "catch on."
- Training loosely—so that students learn various ways to respond.

- Using contingencies that are indiscriminable—so that students learn to routinely engage in specific behaviors.
- Training generalization—students won't learn if we don't teach it. (Stokes & Baer, 1977)

A thorough examination of these principles is beyond the scope of our discussion; however, Stokes and Baer's early conceptualization of generalization and maintenance does provide the foundation for much of our current effort in this important area of behavioral intervention. One strategy that has received considerable attention and has been demonstrated to foster maintenance and generalization of positive changes in behavior is self-regulation. In succeeding sections, we focus on self-regulation strategies that cover several of the principles that Stokes and Baer (1977) emphasized: systematic modification of instruction; mediation of critical aspects of generalization and maintenance; and programming common social and environmental stimuli to facilitate generalization and maintenance of positive changes in behavior.

## Self-Regulation Strategies

According to Alderman (1999), self-regulation is the degree to which students actively participate in their own learning. Self-regulation teaches students to become more independent by regulating their own behavior (Graham, Harris, & Reid, 1992). Through self-regulation, students assume primary responsibility for their own learning and do so by acquiring the skills to use tools to set and meet their own goals. There are at least two major advantages of using self-regulation. First, it enhances maintenance of positive behaviors and is a relevant, important skill to learn. In addition, self-regulation can increase on-task student behavior and, in turn, set the stage for improved academic performance (Burgio, Whitman, & Johnson, 1980; Manning, 1988). Second, once a self-regulation program is developed and successfully implemented, it reduces the demands that students impose on the teacher.

Self-regulation has four essential components: goal setting; self-monitoring; self-instruction; and self-reinforcement. Although these components usually are used in combination, each separate component can be used independently to facilitate maintenance of positive changes in behavior.

### Goal Setting

When designing a self-regulation program, teachers should begin with goal setting. The teacher, in collaboration with the student, should target specific behavioral goals that will serve to maintain positive changes in the student's behavior. These goals should be spelled out in precise, measurable terms. In addition, goals should be realistic and attainable by the student in a short period of time (Graham et al., 1992) so that the most positive outcome is ensured. For that reason, a goal must be consistent with the student's level of functioning—it cannot be too difficult or too easy to accomplish. If the goal is too difficult, the student is likely to become frustrated and revert to engaging in the problem behavior, which, in turn, will become more resistant to change. In contrast, if the goal proves to be too simple, the student is likely to tire quickly of the process. An illustration of goal setting follows.

> Andy, a fifth- grader who has learning and behavior problems, rarely turns in his homework. Mr. Marshal, his teacher, decides to use goal setting as a strategy for increasing the number of times Andy turns in his homework in a week. At present, Mr. Marshall determines that Andy turns in his homework only once a week. Mr. Marshall meets with Andy and discusses this concern. He and Andy develop an initial goal for turning his homework in twice a week for the first week, three times during the second week, four times during the third week, and so forth until Andy is turning his homework in every day of the week and meeting his ultimate goal. Mr. Marshall develops a monitoring system for Andy to keep track of the number of times he turns in his homework in a week. Mr. Marshall monitors Andy's behavior and provides positive feedback when his goal has been met.

In this example, through the use of goal setting, Andy's target behavior—namely, turning in homework—increased and maintained over time. As illustrated, a critical part of the goal-setting process is providing the opportunity for the student to set the goal, as well as to monitor progress toward achieving that goal.

### Self-Monitoring

Self-monitoring is used most appropriately with skills that exist within a student's repertoire rather than new skills. Implementing self-monitoring strategies begins with teaching students to conduct self-assessments of their own behaviors. To conduct self-assessments, students need to be able to recognize when their problem behavior occurs. Often, teachers will need to provide direct, systematic instruction (e.g., demonstration, role play) to assist students in recognizing their problem behaviors (e.g., physical, emotional, and/or behavioral qualities associated with the behavior). In addition, teachers may need to follow up instruction with

prompting in the beginning stages of the intervention. Once students are able to routinely recognize and accurately assess their own behaviors, teachers can gradually fade these prompts (e.g., withdraw verbal/nonverbal prompts as students behave at a predetermined level). Following self-assessment, students record their own behaviors. The following scenario is an illustration of self-monitoring.

> Susan, a seventh-grader, disrupts the teacher and her class by constantly humming. To decrease this behavior, the teacher instructs Susan to record her humming by placing a mark on a chart every time she notices herself engaging in the behavior. In the beginning of implementation of this instructional program, the teacher reminds Susan to make a mark when she hums. Gradually, the teacher fades her prompts, until Susan is recording her behavior independently. At the end of the lesson, the teacher praises Susan for recording her behavior and provides her with an activity award if the humming decreased.

In this example, Susan's behavior decreased follow self-monitoring. When implementing self-monitoring, teachers need to address the following critical components: (a) targeting behaviors that exist in the student's repertoire; (b) teaching the student to self-assess various aspects of his or her behavior; (c) providing systematic, direct instruction and prompting as needed; and (d) providing the student with reinforcement for engaging successfully in self-monitoring.

## Self-Instruction and Self-Reinforcement

Self-instruction and self-reinforcement are other components of self-regulation that facilitate maintenance and independence of student behavioral skills. Students can be taught self-instruction to direct attention to a particular task, control behavior, focus thinking, assist in memory, and complete a sequencing task, as well as to manage emotional reactions (Graham et al., 1992). Through careful, step-by-step, systematic preparation, students learn to instruct themselves either overtly or covertly to regulate their own behavior. When using self-instruction, students should participate actively in setting goals and developing self-instructional procedures. As with self-monitoring, teachers need to teach students how to implement specific procedures by providing direct instruction (e.g., demonstration and behavioral rehearsal) and follow-up prompting until the skill is mastered. In addition, many students will need periodic "booster training" sessions that reintroduce the original instruction for a short time to help ensure accuracy and consistency. Meichenbaum (1977) outlined the following procedural steps for self-instruction training:

1. An adult model performs a task while self-talking aloud.
2. The student performs the same task, according to the adult model's instructions.
3. The student performs the task while instructing himself or herself aloud.
4. The student whispers the instructions to himself or herself while completing the task.
5. The student uses "private speech" while performing the task.

It is useful to know that self-instruction can be applied to students of various ages and abilities (Copeland, 1981). When introducing this strategy to students with learning problems, the teacher may need to present instruction in small amounts to ensure that the students can be successful in implementing each of the procedures that comprise the strategy (Graham et al., 1992). If teachers wish to use self-instruction with students who have lower abilities or are very young, it may be necessary to use pictures rather than written words to assist in self-instructing (Meichenbaum & Biemiller, 1998).

A final component of self-regulation that often accompanies self-instruction is self-reinforcement. As students gain the skills required to self-assess and monitor their behavior, it is important to teach them to reinforce themselves for positive changes (e.g., subverbal self-praise, delaying access to a high-probability activity).

## Putting the Pieces Together

Remember Mark, the third-grader whose yelling-out behavior initially decreased following introduction of the intervention but did not maintain over time? Mark's teacher and support team decided to implement a self-regulation program in an attempt to facilitate maintenance of appropriate behavior. They began the maintenance aspect of the program by arranging a proactive and positive academic curriculum for Mark, one that included effective teaching practices, consequences for problem behaviors, environmental arrangement near the teacher and peers, and an interesting and engaging curriculum. Once these steps were completed, they established the following goals with Mark:

1. What am I supposed to do?

   *If I need help raise my hand and wait quietly.*

2. Did I do them correctly?

   *If I need help, raise my hand and wait quietly.*

3. Good job raising my hand!

   *Make a star on my paper.*

4. Oops, I yelled out for the teacher and forgot to raise my hand.

   *Make an X on my paper and raise my hand next time.*

5. When I am finished, put my paper on my desk and wait quietly for the teacher's directions.

   *Good waiting!*

*Figure 1. Examples of Mark's Notecards.*

1. Mark will decrease his yelling out for the teacher during math by 95% for 2 weeks.
2. Mark will increase his requests for assistance during math by raising his hand 95% of the time for 2 weeks.

Next, the teacher directly taught Mark how to self-assess and self-monitor his behavior. To help Mark develop independence in this area, the teacher practiced with him both separately *and* during specific activities in the classroom. In addition, the teacher placed notecards on his desk as a reminder of the appropriate replacement behaviors to use (see Figure 1). To begin instruction, Mark's teacher modeled for Mark the exact behavior in which he was to engage. Next, she practiced the behavior with Mark, while guiding him to talk himself through the math task aloud and to request teacher assistance appropriately as needed. The third step was to have Mark perform the task while instructing him to self-talk aloud and refer to the notecards on his desk as reminders of appropriate behavior. Fourth, the teacher had Mark whisper the instructions to himself as he went through the math task. Finally, Mark performed the task while using private speech and the notecards as a reminder.

In addition, Mark's teacher taught him to self-record his behavior by marking a star on his paper when he engaged in goal-related appropriate behavior and placing an X on his paper when he yelled out. The teacher tallied Mark's appropriate/inappropriate behavior recordings daily and communicated with Mark's parents regarding his progress. When Mark reached his predetermined behavioral goals, his parents allowed him to choose a favorite video game to play that evening.

One final and especially critical component of Mark's self-regulation program was the support and reinforcement provided to him by his teacher and classmates. When Mark raised his hand to ask for help, the teacher praised him and responded immediately. In addition, the teacher had spent time directly instructing Mark's peers to provide him with verbal prompts to look at his notecards and to offer him praise for doing so during the math lesson. To maintain positive behavior change at the criterion level, the teacher continued to systematically monitor Mark's positive behavior changes by observing and recording his behavior and adjusting the reinforcers and other aspects of the self-regulation program as needed, based on an analysis of Mark's behavior.

## Conclusion

Rarely can teachers expect that maintenance and generalization of positive changes in behavior will "just happen." Instead, teachers must systematically plan not only how best to produce positive changes in behavior, but also how to ensure that those changes will endure across both time and settings. The use of self-regulation strategies is one promising technique to facilitate the maintenance of behavior change in the natural environment (e.g., during classroom academics; in social exchanges with peers or adults). Although the use of strategies such as self-regulation require additional planning and instructional time, that time is well spent. As students become more successful and independent learners, the management and instructional demands on teachers are reduced. As illustrated with Mark, Andy, and Susan, the systematic use of self-regulation strategies can provide students who have learning and behavioral problems with an opportunity to make positive changes in their own behavior.

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